Mississauga Halton **LHIN**

BUILDING CONNECTIONS

Mississauga Halton Local Health Integration Network
Annual Report 2015–2016

Ontario
Local Health Integration Network

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Cover: There are approximately 170,000 seniors living in the Mississauga Halton LHIN, including Winifred who participates at the adult day program at the Seniors Life Enhancement Centres in Oakville. **Above:** Darryl (left) and Sally (right) are learning to stay strong as Joanne (centre) leads a fitness class at Seniors Life Enhancement Centres.

Message from the Board Chair and CEO

Today, the focus of the health care system is shifting to revolve around the patient and to move to a more community-based system of care.

Coupled with our vision for 'a seamless health system for our communities' we are putting people and patients first by improving the health care experience.

We continue to look for ways to improve processes, bring new and improved services to seniors, increase efficiency and, improve value. Our priority is making the system work better for people, and strengthening the continuum of care as people move from one part of the health care system to another.

This year, we have made significant progress towards the ministry's ten-point plan for improving home and community care including:

- **Moving forward with bundled care** - enabling patients to go home three days sooner after cardiac surgery.
- **Expanding caregivers supports** by incorporating education and training for caregivers.
- **Enhancing support for PSWs** including designing an education fund, wage supports and education opportunities.
- **Providing greater choice for palliative care** by creating a new Regional Palliative Care Network.

The Mississauga Halton LHIN is responsible for the **stewardship of approximately $1.46 billion of public funds** and we continue to develop innovative, collaborative solutions to improve access to health care and enhance the patient experience. Through our funding to local agencies and partnerships, we are **supporting hundreds of change initiatives** to improve how we deliver care – helping find better ways to provide services to the **1.2 million people** in our communities.

In 2015-2016, **funding increased an average of 3.7 per cent** or **$51.4 million** across all sectors in our local community including: hospitals by 3.5 per cent, long-term care homes by 2.0 per cent, mental health and addiction by 8.7 per cent, Community Care Access Centre by 4.3 per cent and community support services by 5.9 per cent.

Through our multi-year **integration strategy on primary care**, we are making progress building capacity and supporting better linkages among primary care providers, and with the health care system at the local level to improve coordinated care. Supported through a variety of new and innovative tools and resources such as primary care advisors, we've begun to create a future that will improve the presence of primary care in the local health care landscape.

As we move toward a more community-based care system, we **continue to strengthen the research** support in which decisions are rooted. Studies completed included a caregiver in-home respite study, community capacity study, Health Links return on investment analysis and an infrastructure study to better understand current resources being used across our LHIN to deliver health care services.

We have undertaken a number of programs and initiatives that are helping us achieve our strategic goals. Some of these include:

- Building on the **success of our Health Links** so that process improvements made are extended through the entire primary and home and community care sectors. Conducting an analysis to determine if Health Links were generating a positive return on investment with initial results demonstrating savings to the acute sector of $4.66 for every dollar spent.
- Employing a **Community Quality Improvement Plan** that requires community organizations to demonstrate progress against quality indicators.

- **Establishing a Hospice Palliative Care Executive Group** to provide strategic oversight and support alignment between provincial and local levels.
- Launching our **new long-term strategy Partnering for a Healthy Community** which focuses on the three key priorities: Access, Capacity and Quality.
- Executing our **Community Capacity Plan** to create more capacity and access to care so that seniors live independently at home longer, and delay reliance on long-term care beds.
- Moving ahead with the **implementation of one-Link** to support the delivery of coordinated, timely and quality mental health and addiction services.
- **Expanding the use of technology** to allow information and coordinated care plans to flow easily and more quickly across the system.
- **Increasing the emphasis on informal caregiver support** to delay or avoid hospitalization, emergency department visits and long-term care admissions through our award winning Caregiver Respite Program.

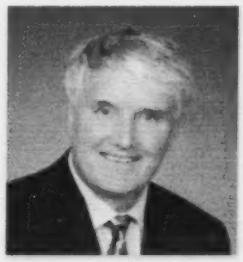
In September 2015, we held our **inaugural Partnering for a Healthier Tomorrow Awards** which recognized and showcased transformative, collaborative initiatives underway amongst health service providers across our LHIN.

With current challenges – such as the demand for sustainable health care, the need for efficiency and the desire for a good patient experience – we are presented with tremendous opportunities across our LHIN.

We have talented and engaged people, exceptional innovation capabilities, strong and trusted relationships with our health service providers, and a solid business plan, all of which significantly strengthens our local health care system. We continued to connect with new partners and leaders of our health service providers to look at ways of fortifying the health system as a whole.

As an organization, we benefit from the wise counsel of our Board members, the strong support of the ministry, the dedication of our health service providers and the talents and commitment of our staff. We thank each of them for their tremendous contribution to our success in 2015-2016.

We remain pivotal in strengthening the health system and are committed to putting people and patients first by improving the health care experience.



Graeme Goebelle
Board Chair

Bill MacLeod
Chief Executive Officer

Our Mission

To lead health system integration for our communities.

Our Vision

A seamless health system for our communities - promoting optimal health and delivering high quality care when and where needed.

Our Values

Innovation: We explore and support imaginative initiatives and solutions

Integrity: Our actions and words reflect honesty, integrity and good judgment

Accountability: We will routinely evaluate our judgments and decisions

Partnership: We will work in partnership with our community, health service providers and the provincial government

Respect: We will actively listen and work together with dignity and consideration

Holistic Approach: Our work will reflect and recognize the connection between the body, mind and spirit

Board of Directors

The Mississauga Halton LHIN is governed by a nine-member Board of Directors who are selected by the Lieutenant Governor in Council and appointed through Order in Council. The Board is skills-based, with a variety of experiences and expertise.

Graeme Goebelle

Role: Chair
Resident of Georgetown
Date of first appointment: January 5, 2011
End of current term of appointment: January 4, 2017

Ronald Haines

Role: Vice Chair
Resident of Mississauga
Date of first appointment: June 17, 2010
End of current term of appointment: June 16, 2016

Mary Davies

Role: Vice Chair
Resident of Milton
Date of first appointment: April 30, 2014
End of current term of appointment: April 29, 2017

Jackie Conant

Role: Board Member
Resident of Etobicoke
Date of first appointment: June 17, 2010
End of current term of appointment: June 16, 2016

Shelagh Maloney

Role: Board Member
Resident of Mississauga
Date of first appointment: February 9, 2011
End of current term of appointment: February 8, 2017

Kim Piller

Role: Board Member
Resident of Mississauga
Date of first appointment: June 9, 2011
End of current term of appointment: June 8, 2017

Patrick Hop Hing

Role: Board Member
Resident of Mississauga
Date of first appointment: February 12, 2014
End of current term of appointment: February 11, 2019

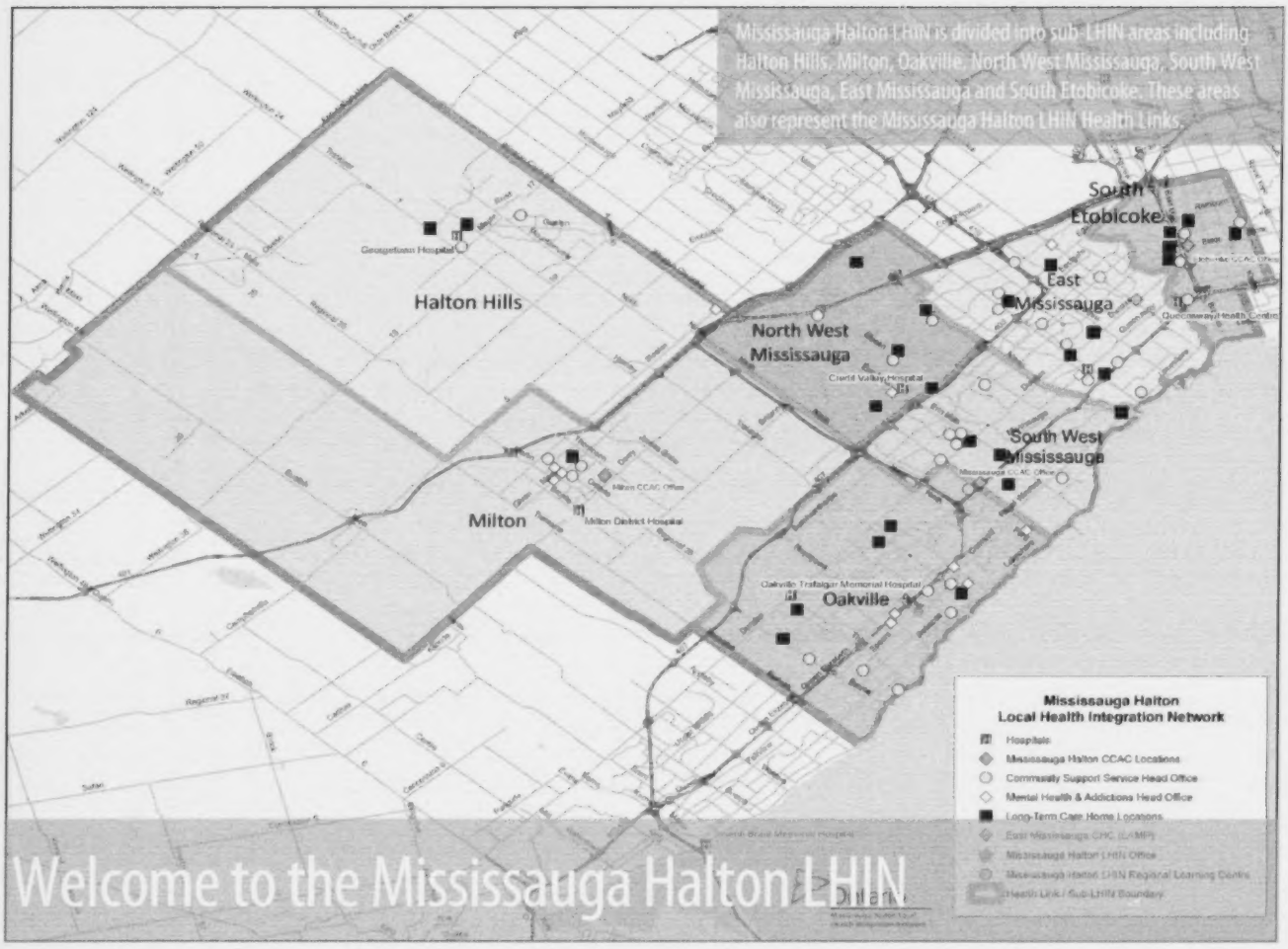
Gulzar Ladhani

Role: Board Member
Resident of Oakville
Date of first appointment: November 19, 2014
End of current term of appointment: November 18, 2017

Kimbalin Kelly

Role: Board Member
Resident of Oakville
Date of first appointment: November 19, 2014
End of current term of appointment: November 18, 2017

Biographies available at www.mississaugahaltonlhin.on.ca/boardandgovernance


Mississauga Halton LHIN is divided into sub-LHIN areas including Halton Hills, Milton, Oakville, North West Mississauga, South West Mississauga, East Mississauga and South Etobicoke. These areas also represent the Mississauga Halton LHIN Health Links.
Halton Hills
Milton
Oakville
North West Mississauga
East Mississauga
South Etobicoke
South West Mississauga
Georgetown Hospital
Milton District Hospital
Oakville Trafalgar Memorial Hospital
Credit Valley Hospital
Mississauga Halton
Local Health Integration Network
Hospitals
Mississauga Halton CCAC Locations
Community Support Service Head Office
Mental Health & Addictions Head Office
Long-Term Care Home Locations
Mississauga Halton LHIN Office
Health Link / Sub-LHIN Boundary
Welcome to the Mississauga Halton LHIN

The Mississauga Halton LHIN guides ongoing and future initiatives in the development and implementation of a seamless health system for our communities.

As one of Ontario's 14 LHINs, we manage the planning and performance of the health care system, and bring greater accountability and leadership as it changes and evolves.

LHINs are the only organizations in Ontario that bring together health care partners from the following sectors — hospitals, community care, community support services, community mental health and addiction, community health centres, long-term care and primary care — to develop innovative, collaborative solutions leading to more timely access to high-quality services for the residents of Ontario, and through the Mississauga Halton LHIN for our local communities.

Through the combined effort of health service providers and agencies, we continued to innovate and support hundreds of change initiatives to improve how we deliver care — helping find better ways to provide services in our communities.

Provincial Health Priorities

Patients First: Action Plan for Health Care is the provincial government's blueprint for the next phase of health care system transformation. Released by the Minister of Health and Long-Term Care in February 2015, the document highlights one clear promise: to put people and patients first by improving their health care experience and their health outcomes.

Four key objectives are noted in Patients First: Action Plan for Health Care:

Access–provide faster access to the right care

Connect–deliver better coordinated and integrated care in the community closer to home

Inform–provide the education, information and transparency that people and patients need to make the right decisions about their health

Protect–make decisions based on value and quality, to sustain the system for generations to come

Local Health Care Services

The Mississauga Halton LHIN develops innovative and collaborative solutions to improve and sustain the health care system for our patients and communities.

We work with:

- Two hospital corporations, spanning six sites;
- 34 community support service providers;
- 28 long-term care homes;
- 10 mental health and addiction service providers;
- 1 Community Health Centre; and
- 1 Community Care Access Centre (CCAC).

Our Community

The municipalities of Halton Hills, Milton, Oakville, Mississauga (excluding Burlington) and South Etobicoke (part of the City of Toronto) make up the Mississauga Halton LHIN geography. The Mississauga Halton LHIN is home to over 1.2 million residents, and continues to be one of the fastest-growing LHINs in the province, with the population growing by approximately 20,000 people each year.[1] The Mississauga Halton LHIN is projected to have the second-highest population growth in Ontario over the next five to ten years. The population is projected to increase by 8.4 per cent between 2015 and 2020, with 17.6 per cent growth between 2015 and 2025. In contrast, the projected rates of growth for Ontario are 5.3 per cent for 2015 to 2020 and 11.1 per cent for 2015 to 2025.[2] Over 97 per cent of the population is either within a large urban or medium population centre.[3] Aging of the population will continue to be a major theme in the Mississauga Halton LHIN in the coming years.

The Mississauga Halton LHIN has a wealth of culture due to its dynamic, diverse population demographic. Immigrants account for 44.3 per cent of residents. Nearly 41 per cent of residents are visible minorities, compared to 25.9 per cent for Ontario. The top five visible minorities are South Asian, Chinese, Black, Filipino and Arab. Not including English, the top five languages spoken at home are Urdu, Polish, Arabic, Spanish and Chinese. Approximately 59 per cent of the residents in the Mississauga Halton LHIN identify English as their mother tongue, while 1.8 per cent of the population identify French as their mother tongue; 0.6 per cent of residents self-identify as Aboriginal.[4]

The proportion of residents in the Mississauga Halton LHIN living in low income is better compared to the provincial average, as is the unemployment rate for both adults and youth. However, within the Mississauga Halton LHIN, there are areas that are more economically disadvantaged. For example, East Mississauga and South Etobicoke both have a larger portion of the population living below the low-income cut-off than Ontario overall.

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[1] 2011 Census-based Ministry of Finance Population Estimates (2011–2013) and Projections (2014–2041) for Local Health Integration Networks.

[2] Demographic profile (2015) final, Health Analytics Branch (July 2015).

[3] Socio-Demographic Profile, by LHIN and sub-LHIN areas, Health Analytics Branch, August 2012.

[4] 2016–2019 Environmental Scan, Health Analytics Branch (July 2015).

Our Health

From a health status perspective, the residents of Mississauga Halton LHIN are doing well. 62 per cent report very good or excellent health. Compared to others across the province, Mississauga Halton LHIN residents are comparable or better in the areas of life expectancy, infant mortality, self-rated health and self-reported mental health.[5]

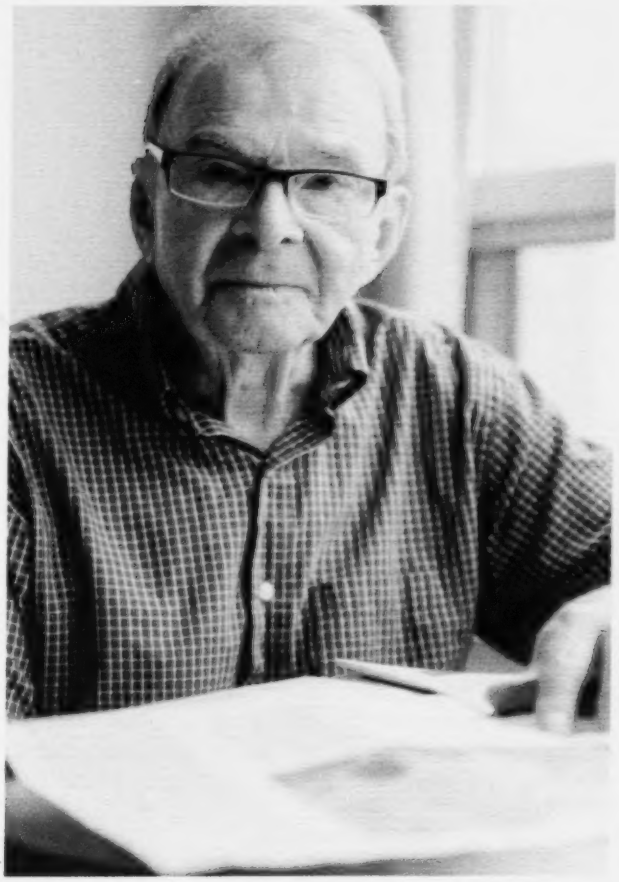
Mississauga Halton LHIN residents had the lowest emergency department (ED) visit rate in the province in 2013–2014 with a larger proportion of issues requiring immediate emergency care and a smaller proportion of those not requiring immediate emergency care compared with provincial averages. Residents also had a lower rate of ED visits best treated in alternative primary care settings than the province, 6.4 per cent versus 18.5 per cent.[6]

Although our ED visit rate is low, the number of ED visits at our hospitals has been growing steadily over the past several years (as rounded to the nearest 1,000):

- 2011–2012 = 364,000
- 2012–2013 = 373,000
- 2013–2014 = 382,000
- 2014–2015 = 392,000

The leading causes of death for Mississauga Halton LHIN residents were ischemic heart disease, dementia and Alzheimer's disease, lung cancer and cerebrovascular diseases (stroke). The leading causes of potential years of life lost for Ontario residents in 2011 were ischemic heart disease, cancer of lung and bronchus, perinatal conditions, and intentional self-harm.

The Mississauga Halton LHIN potential years of life lost rate is second lowest in the province and has decreased by 9 per cent since 2007.[7]



"Living here enables me to live an uninterrupted life. I can come and go at my leisure while being provided the support I need."

- Oscar Daley, Oakville Senior Citizens Residence

[5] Statistics Canada. 2013. Mississauga Halton (Health Region), Ontario and Ontario (table). Health Profile. Statistics Canada Catalogue no. 82-228-XWE. Ottawa. Released December 12, 2013.

[6] ED Visits (2015) final, Health Analytics Branch (July 2015).

[7] Births and mortality (2015) final, Health Analytics Branch (July 2015).

Engaging Our Community

Community engagement is an integral part of the LHIN model and central to support LHIN decision-making. Meaningful engagement enables health system development in the Mississauga Halton LHIN to be informed by the experiences and stories of those who provide and receive care in our communities.

Following principles from the Integrated Health Service Plan (IHSP), the Mississauga Halton LHIN engages the community along our journey to build innovative partnerships with health care partners, stakeholders outside of health care, as well as patients and their families.

Over the 2015–2016 fiscal year, the Mississauga Halton LHIN held a number of engagements with its community of clients, providers and partners.

Aboriginal Engagement

A shared work plan was developed in July 2015 in collaboration with the Central West LHIN in order to assist with engagement and collaborative initiatives to inform the 2016–2019 Mississauga Halton LHIN IHSP.

Together with the Central West LHIN, the Mississauga Halton LHIN hosted an Aboriginal community partnership event to inform the development of an Aboriginal community and LHIN

partnership process including the creation of an Aboriginal Advisory Health Circle. This advisory health circle will provide a formal setting for the local Indigenous community to embed their voice in health care planning and development in partnership with the LHIN.

The Mississauga Halton LHIN participated in the Provincial Aboriginal Leads meeting with LHIN CEOs, Aboriginal LHIN leads and Aboriginal community delegates on Manitoulin Island in May 2015. This year's theme was Building Partnerships, with the annual event supporting increasing Indigenous cultural awareness, offering a forum for knowledge exchange and providing a great venue to build stronger partnerships from across the province.

Francophone Engagement

The Mississauga Halton LHIN actively engaged with the Francophone community including sharing a French online survey — *La Santé...parlons-en* — to develop the IHSP for 2016–2019. In collaboration with the Central West LHIN and our French language health planning entity Reflet Salvéo, two broad IHSP community engagements were held in the spring: one with 14 key Francophone stakeholders who represent various local French-speaking community organizations, and another with the bilingual staff of the Credit Valley Family Health Team where the LHIN received valuable feedback from 12 health professionals.

A third session was held with a number of Francophone residents in Georgetown in the fall, which provided an opportunity to validate early findings and identified gaps/opportunities previously shared by the Francophone community.

In working with our French language service identified health service providers, we endeavoured to continuously raise awareness of the importance of implementing the active offer of French language health services.

The Mississauga Halton LHIN in partnership with the Métis Nation of Ontario's Credit River Métis Council sponsored this year's inaugural Powley Day Celebration and canoe expedition on September 19.

The Mississauga Halton LHIN continues to work closely with our Francophone community to break down barriers regarding access to mental health and addiction services in French. Through the steering committee on the Mental Health of Francophone Immigrants, we are working on an awareness campaign focused on the destigmatization of mental illness and its taboos. We also participated in the successful Peer Positive Orientation Initiative for the GTA's Francophone community sponsored by CAMH.

The Coalition for Francophone Seniors of Peel Halton held their first joint event celebrating International Seniors Day on October 3. Members of le Club du Bel Âge du Cercle de l'Amitié, Retraite Active and Cercle des Aînés Noirs Francophones de l'Ontario, along with staff from Reflet Salvéo and the Central West and Mississauga Halton LHINs enjoyed a cultural evening of good food, dance and song under the theme of aging passionately.

This year's annual French language services provincial coordinators meeting provided a wonderful opportunity to review and discuss strategies on health system planning, supporting and promoting knowledge transfer within the LHINs, and how to continue to work collaboratively to develop and implement consistent provincial approaches to strategic French language services priorities.

Governance-to-Governance Engagement

The Mississauga Halton LHIN Board meets on a quarterly basis with the governors and executive leaders of our health service providers for a Governance-to-Governance (G2G) session.

The Mississauga Halton LHIN hosted three G2G sessions over the last year. Several of these meetings focused on gathering input on LHIN and ministry strategic proposals.

The June 8, 2015, meeting centred on IHSP consultation. Participants were asked to identify areas of focus for the next three years.

The October 26, 2015, meeting presented the recently completed Mississauga Halton LHIN Community Capacity Plan with time allotted to participants for questions.

At the January 27, 2016, meeting the Patients First proposal was discussed and included a presentation and Q&A with Nancy Naylor, Associate Deputy Minister Delivery and Implementation for the Ministry of Health and Long-Term Care. Feedback was included as part of the LHIN's report to the ministry.

Community Governance Consultation Group (CGCG)

The CGCG sponsored by the Mississauga Halton LHIN consists of 13 Board chairs and Board members from our community health service providers and two Mississauga Halton LHIN Board members. The Mississauga Halton LHIN CGCG provides advice in the area of collaborative governance for the purpose of advancing the improvement of health system integration and health service coordination across the LHIN.

In 2015–2016, the CGCG welcomed several new members after some Board turnover. Group actions included finalizing a Community Governance Checklist used to demonstrate proper Board oversight and management. Use of the checklist has been included in the M-SAA obligations required by the LHIN Board. Other activities included planning for G2G events, and creating a G2G survey to determine priority governance concerns to address. Feedback was themed identifying the following three main concerns (in order of priority) as:

1. Financial sustainability and funding
2. Board recruitment and succession planning
3. Governance training and best practices

Matthew and his mom pay a visit to the family doctor at OakMed Family Health Team.

IHSP 2016–2019 Engagements

Let's Talk about Health was the theme carried throughout the Mississauga Halton LHIN engagement process for the Integrated Health Service Plan.

Over a nine-week period spanning May to July 2015, the Mississauga Halton LHIN reached out to local communities, and through a variety of engagement forums, received considerable input on the five 2013–2016 IHSP priorities, as well as general feedback on the local health care system. Engagements were held at over 42 different agencies and 545 people were engaged in person. Seven different engagement approaches were used to gather feedback including surveys, focus groups, bookmarks and engagement tool kits. The engagements were organized to target a diverse group of stakeholders addressing:

- Populations encompassing the continuum of the life span (babies, youth, adults, seniors)
- Various environments where care is provided (hospitals, long-term care, community)
- A range of conditions/diagnostic groups (physical disability, dementia, kidney disease, etc.)
- Various cultural groups (Aboriginal, Afghan, Black, Chinese, Francophone, Métis, South Asian, Polish, etc.)
- Groups focused on marginalized communities
- Providers from different health care sectors (primary care, hospital, home and community care, long-term care)
- Caregiver support groups for people living with dementia, chronic disease

Through this campaign, 1,077 people were informed about the IHSP and their solicited input was used to develop the 2016–2019 IHSP.

The engagements strengthened existing relationships and fostered new relationships with groups that had not been engaged with as frequently, or at all, in the past. Feedback from service providers and participants was very positive, reflecting how much they valued the LHIN reaching out, being receptive, and listening and acknowledging their reality.

The engagements have informed our plan and have helped us identify three strategic priorities for the next three years:

ACCESS
Health care when and where you need it

CAPACITY
Required resources, now and for the future

QUALITY
Positive person experiences and outcomes across the care continuum

Patients First Engagements

In support of the ministry's desire to engage Ontarians, the Mississauga Halton LHIN undertook a community consultation process to gather feedback on the Patients First proposal.

Over a six-week period, 35 in-person consultations were planned, organized and executed. The primary care physician community was reached through 14 separate consultations. Nine of these took place within the community, including one within each Health Link geography and two that were open to physicians from across the LHIN. The remaining five consultations included groups of physician leaders as well as hospital family medicine teams, solo practitioners and walk-in clinic owners.

Representatives from the Ontario College of Family Practitioners and Ontario Medical Association attended and participated in a number of the consultation sessions, and helped advertise and encourage physician participation.

Health service providers were engaged through a variety of meeting forums. A broad-scale consultation with health service provider governors was also conducted, soliciting input from close to 100 community leaders. Health service providers were also encouraged to share the survey links with their staff and patients/caregivers to invite additional input from people providing and accessing care.

The broader public was reached in person at two community-organized events. Consultations were also conducted targeting specific populations within the LHIN, including Indigenous, Francophone, new immigrant/ethno-cultural groups and patient/caregiver advisors.

Following each consultation, participants were invited to provide additional feedback via surveys that were posted on the LHIN website. Three unique surveys were created targeting the public, primary care physicians and health service providers.

The Mississauga Halton LHIN's initial consultation process for the Patients First proposal was completed in February 2016. The feedback from all sessions has been consolidated and a report was submitted to the ministry on February 29, 2016.

Key Strategic Priorities

Darryl (left), and Sally (right) are learning to stay strong as Joanne (centre) leads a fitness class at Seniors Life Enhancement Centres.

Mississauga Halton LHIN activities have been grouped into **five key priorities** identified in our 2013–2016 Integrated Health Service Plan: Partnering for a Healthier Tomorrow.

To carry out the last year of our three-year IHSP, annual goals and action items for each IHSP priority were selected. Though they do not represent all the activities at the Mississauga Halton LHIN, they are the most directional. Many of the milestones you will find in this report relate to the Mississauga Halton LHIN's vision — a seamless health system for our communities — promoting optimal health and delivering high-quality care when and where needed.

Family Health Care When You Need It
Accessible & Sustainable Health Care
Optimal Health – Mental & Physical
Partnering for a Healthier Tomorrow
High Quality Person-Centred Care
Enhanced Community Capacity

Accessible & Sustainable Health Care

- → Improve access to services to improve consumer flow, quality and safety
- → Support consumers, families and health care professionals to navigate the health care system
- → Improve the sustainability of the health care system

Emergency Department Wait Times

In its eighth year, the 2015–2016 provincial Pay for Performance program invested $7.5 million for hospital health service providers in the Mississauga Halton LHIN.

One of the key performance indicators of system integration and access and patient flow for ED wait times is the *90th Percentile Emergency Department (ED) Length of Stay (LOS) for Complex Patients*. The provincial target is eight hours for ED LOS complex patients and is composed of two performance metrics — for both the admitted and non-admitted patient. The overall Mississauga Halton LHIN performance in the third quarter of 2015–2016 represented a 17 per cent variance from the target of eight hours. With a performance of 9.35 hours, the Mississauga Halton LHIN held a seventh-place ranking among the 14 LHINs for this metric.

A performance trend of variance to target, particularly when the target is not reached, indicates other impacts within the system specific to inter-hospital and community patient flow and capacity. This impact, much like a domino effect, impacts capacity of flow — into and out of the ED — into an appropriate bed for the level of complexity of care.

Other performance metrics can also signal the difficulty with length of stay in the ED if the Alternate Level of Care (ALC) percentage is high. Essentially, it will be longer and/or more difficult to transfer ED patients to acute care beds as those beds are being used by patients who no longer need acute

care but an alternate bed, or appropriate service is not available. Focusing on strategies to address the performance metric *Time to Inpatient Bed* — the time it is determined the patient can leave the ED to the time the patient actually does leave (admitted to hospital patients only) — is the key to understanding the pressures for access and flow, and where to direct resources appropriately.

Addressing Alternate Level of Care

Alternative Level of Care (ALC) is a designation assigned to a hospitalized patient who no longer requires acute medical services but remains in the hospital awaiting care in a more appropriate setting. High ALC percentages signal system conditions that impact health service use, quality-of-care delivery and increased costs to the overall health care system.

As a fast-growing LHIN, key stakeholders such as hospitals, the community and the LHIN need to remain vigilant and strategic to address system conditions that will directly impact ALC rates, and that act as a "flag" to our system access and flow. By understanding the causes of increasing rates, we can re-align key priorities and resources to enable assessment of impact, effectiveness and efficiencies, as well as patient transitions to the most appropriate destination. Working with key stakeholders to focus their attention on the ALC issue is essential to ease pressures associated with increasing ALC rates.

The Mississauga Halton LHIN target fluctuates in its ALC rate achievement over the year. In the last quarter (January–March 2016) we are ranked seventh lowest in the province, but are over target at 15.2 per cent. Our post-acute care rate is 5.6 per cent, which ranks us second for performance and continues our trend of performing better than target in this area. As of January 2016, the top two discharge destinations for patients designated ALC in both acute care and post-acute care were attributed to people waiting for long-term care and waiting for home care through the CCAC.

Health System Funding Reform

A regional group of health service providers convene bi-monthly at the Health System Funding Reform (HSFR) Local Partnership Committee to discuss local impacts and risks associated with the implementation. The 2015–2016 work plan includes ongoing performance evaluation of quality-based procedures; opportunities for regional collaboration in areas such as case costing and health-based allocation methodology analyses; and volume planning and management.

The HSFR Local Partnership Committee evaluated a number of quality-based procedures (QBPs) with regional commitment for improvement identified for hip fractures and unilateral hip and knee replacement surgery, including partnership with Shared Services West, in a regional improvement project focused on decreasing supply chain costs and variation in the operating room.

The committee members have participated and contributed to provincial policy and implementation advice, including harmonization of Post Construction Operating Plans with HSFR; HSFR innovation and impacts; evaluation of HSFR Local Partnership Committees (pan-LHIN); QBP volume planning and management; and piloting a bundled care pilot in cardiac surgery.

Healthy Holidays Strategy

The myhealth365 strategy builds on the lessons learned and valuable partnerships established through the Mississauga Halton LHIN's holiday surge planning. Moving from a holiday-centric approach to a year-long focus, the key goal for myhealth365 is to help residents easily access information by connecting to a singular resource that is trustworthy, reliable and up to date.

In its fifth year, the 2015–2016 Mississauga Halton LHIN holiday surge strategy has evolved into a year-round approach known as myhealth365. Aligned with the provincial Patients First: Action Plan for Health Care's goal of greater access to services, myhealth365 focuses on system navigation — getting patients and caregivers to the right care, at the right time, in the right place, 365 days a year.

The myhealth365 vision looks to provide residents with trustworthy, validated and up-to-date information to help stay healthy all year long. While there are many health care databases and directories, most are updated every six months to a year. Mississauga Halton LHIN residents identified the need for information that reflected real-time updates such as those that happen at times when service is not readily available — any time that health service providers may be closed or have reduced/changed hours due to holidays, bad weather or facility issues (e.g., flood, construction). During these times, people often turn to emergency departments, indicating, "[they] didn't know where else to go, or what was open."

myhealth365

Over the past year, we have worked with providers to create their own accounts to update: 721 providers have signed on thus far. Integral to the success of this initiative are the partnerships across both private and public sectors. Myhealth365.ca went live in October 2015 linking in to our partners: iamsick.ca, thehealthline, Public Health and Telehealth. The website was built with health equity as a guiding principle — accessible on multiple platforms, formats (print and app) and fully translated in all five of Mississauga Halton LHIN's top languages.

Capital Planning and Development – Expansions and Improvements

The Mississauga Halton LHIN supports planning for the provision of health care services in communities across the region. In conjunction with the Ministry of Health and Long-Term Care, the LHIN works with health service providers to build capacity within the local system that can respond to growing population needs.

Trillium Health Partners

Trillium Health Partners received a $5 million capital planning grant for the redevelopment of their Mississauga Hospital and Queensway Health Centre sites. The Queensway Courtyard project to renovate a 39-complex continuing care bed unit received approval to tender in July 2015. Construction is underway at the Credit Valley Hospital site to renovate and expand ambulatory care, emergency, critical care, and pharmacy and support services.

Halton Healthcare

Halton Healthcare opened their newly expanded and relocated Oakville Trafalgar Memorial Hospital site with capacity for 457 beds. The Milton District Hospital site redevelopment began in June 2015 and is expected to be completed in spring 2017. The expansion is anticipated to open for patient care in fall 2017. Preliminary capital planning is underway to address the current and future requirements for the Georgetown Hospital site.

Launched in March 2016, the Ontario Palliative Care Network (OPCN) is a formalized provincial network tasked with implementing the provincial strategy for palliative care outlined in Advancing High Quality, High Value Palliative Care in Ontario: A Declaration of Partnership and Commitment to Action.

Regional Hospice Palliative Care

To support the evolution of palliative care in Ontario, and to align with the Ontario Palliative Care Network's provincial strategy, the Mississauga Halton LHIN Hospice Palliative Care Executive Group was formed, with executive-level representation from the LHIN, the CCAC, residential hospices and hospitals.

The Mississauga Halton LHIN Hospice Palliative Care Executive Group worked through the latter part of 2015–2016 to establish an inventory list of palliative resources as well as the groundwork for an administrative and clinical structure for regional implementation of palliative care in our LHIN. Final decisions specific to alignment with provincial strategy and regional structure were underway at year-end. This work will set the framework to enable development of a service delivery model of palliative care in our LHIN.

Mississauga Halton LHIN's CEO and Cancer Care Ontario's Regional Vice President are directly accountable to the OPCN, and lead our Executive Group for the implementation of Mississauga Halton LHIN's regional palliative care strategy. The work of this Executive Group will be in-depth for 2016–2017 as structures both provincially and regionally are implemented and hospice development announcements released.

In the interim, Heart House Hospice continues development of their residential hospice. The October 23, 2015, sign unveiling at the future site in Mississauga was a well-attended event by local politicians, press, palliative care stakeholders and the Mississauga Halton LHIN.

Left to right: Heart House Hospice Executive Director Theresa Greer, Mississauga Halton LHIN Senior Lead Kelly Baker, Mississauga Mayor Bonnie Crombie, Mississauga Halton LHIN Chair Graeme Goebelle, Former MPP Minister of Education and Heart House Fundraising Campaign Chair John Snobelin, Ward 8 Councillor Matt Mahoney.

As a one-Link service coordinator, Tricia assesses patients and provides short-term support.

one-Link

Mississauga Halton LHIN's one-Link enables equitable access and coordinated care to make it possible for people to receive the right addiction and mental health care, at the right time and in the right place. Development and implementation of one-Link is ongoing.

Mississauga Halton LHIN's one-Link initiative launched a common referral form for primary care physicians practicing within the LHIN geography. CMHA Halton was the initial community addiction and mental health agency to onboard under one-Link. Work is well underway with an electronic scheduler and the Mississauga Halton Central Intake team on the addiction and mental health e-referral. The one-Link initiative has seen an increase of referrals over the past year.

one-Link
Connecting you to addictions and mental health services

one-Link service coordinators have been completing phone-based screenings using the LOCUS (Level of Care Utilization System) tool to assess the appropriate level of care needs of patients along with providing short-term supports for those facing wait times for services. Patients have also received peer supports available through one-Link. Individuals that have received a phone screen by one-Link service coordinators are now contacted by a peer mentor after their initial contact.

Sustaining Peer Support in the Mississauga Halton LHIN

Peer Supports have been demonstrated to play an important role in both addiction and mental health recovery. In 2015, Mississauga Halton LHIN increased peer support capacity by adding services to 11 mental health and addiction health service providers. The Mississauga Halton LHIN has also invested in supports to maintain the effectiveness of the new and existing peer supports in our region through coordination of services; best practices support for health service providers hiring peer support workers; and providing ongoing training and development of the peer support workers and their supervisors.

The Sustaining Peer Support initiative is supporting the overall vision of the Mississauga Halton LHIN for Accessible and Sustainable Health Care through:

- Enhanced capacity, support and empowerment of people with lived experience and families
- A more coordinated and integrated mental health and addiction system of support
- The recognition and integration of peer supports as a viable and valued part of addiction and mental health treatment and recovery
- Enhanced local networks of peer support and improved connection to other regional, provincial and national network initiatives and systems

The Sustaining Peer Supports initiative is in the final stage of developing an evaluation framework to identify indicators, collect data and measure effectiveness and outcomes of peer supports. The Sustaining Peer Supports initiative has completed a series of Peer Support Core Skills Trainings for peer workers from the 11 peer-funded agencies. There is continued engagement and partnership building with local, regional and provincial peer initiatives including groups such as the Drug Treatment Funding Program, Ontario Peer Development Initiative, Evidence Exchange Network, CAMH Peer Positive, Registered Nurses Federation of Ontario, Halton Suicide Prevention Coalition, Peer Police and the Peel HIV Aids Network.

The Peer Position Network (pictured above) averaged 25 peers attending monthly over the last year, and the Supervisors Network has engaged representatives from all mental health and addiction health service providers. Assembled to drive the peer support initiative forward, both groups are receiving mutual support and resources at each meeting while working toward clarity around the definition of peer work and ranking of work plan priorities.

TEACH

TEACH's (through Support and Housing Halton) annual *Our Beautiful Minds* event took place on September 24, 2015, in Mississauga. Over 80 participants, most of whom were people with lived experience in peer positions or community peer volunteers, many community agency staff and two LHIN representatives were in attendance.

A review of where peer support is now and where we want it to go in the Mississauga Halton LHIN was undertaken. People with many different levels and years of care work experience came together to help create a shared vision of peer work in our region.

A graphic artist captured the above visual representation of the TEACH event's discussion and feedback.

"Every Door is the Right Door" Service System

Through the No Wrong Door philosophy of care, providers are embracing a shared commitment to work collaboratively to help people with mental health and addiction challenges access the right service at the right time, adopt common values and objectives, and provide exceptional customer service.

A survey of 10 participating community-sector agencies was conducted based on the eight No Wrong Door principles; 137 individuals (including administration, senior leadership and direct service providers) completed the online survey. Based on results, key priorities for the system were identified by the No Wrong Door Champion Team as follows:

1. Enhance the resources offered to a client if they are waiting for services.
2. Develop a protocol for a "warm transfer" between agencies.
3. Ensure all outgoing voicemail messages indicate a reasonable timeframe within which a caller's message will be returned.

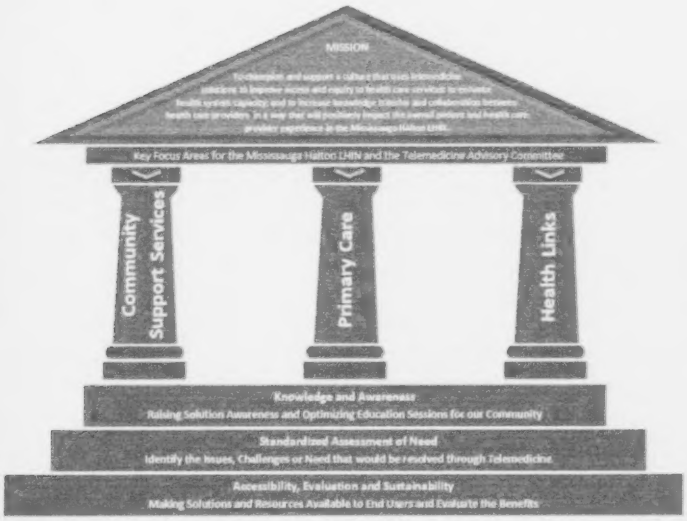
The No Wrong Door Champion Team is committed to working towards implementing these priorities over the 2016–2017 fiscal year.

Telemedicine

Telemedicine enables providers to remotely diagnose, monitor and treat patients — and helps patients manage their illnesses through self-care and access to education and support systems. The Ontario Telemedicine Network provides the platform and tools, programs and services that make this possible.

The Mississauga Halton LHIN is working to champion and support a culture that uses telemedicine solutions to improve access and equity to health care services; to enhance health system capacity; and to increase knowledge transfer and collaboration between health care providers in a way that will positively impact the overall patient and health care provider experience.

A telemedicine strategy for the Mississauga Halton LHIN was developed with feedback from health service providers, primary care physicians and committee members. The majority of feedback collected indicated a gap in awareness around telemedicine solutions.


MISSION
Key Focus Areas for the Mississauga Halton LHIN and the Telemedicine Advisory Committee
Community Support Services
Primary Care
Health Links
Knowledge and Awareness
Raising Solution Awareness and Optimizing Education Sessions for our Community
Standardized Assessment of Need
Identify the Issues, Challenges or Need that would be resolved through Telemedicine
Accessibility, Evaluation and Sustainability
Making Solutions and Resources Available to End Users and Evaluate the Benefits

The Mississauga Halton LHIN Telemedicine Strategy depicts foundational elements, key areas of focus and mission

As an opportunity to improve awareness, the Mississauga Halton LHIN in partnership with the Ontario Telemedicine Network hosted High Tech, High Touch, the first interactive provincial telemedicine knowledge and awareness fair to a capacity crowd on March 31, 2016.

High Tech, High Touch enabled over 250 health professionals to explore, learn and become comfortable with the incredible range of current available telemedicine technology. Among the participants were 10 telemedicine sites from across Ontario that virtually took part in the day's educational sessions. The fair also included a dynamic panel discussion and presentations by experts, champions and early adopters of telemedicine.

Understanding Telehomecare at High Tech, High Touch

"The Ontario government is committed to ensuring that Ontarians across the province have better and faster access to quality health services. Telemedicine is a terrific way to provide patients with the information they need so they can make decisions that will help them live healthy lives and stay healthy. It also increases collaboration among health care providers, improving both the patient experience and patient outcomes. I commend the Mississauga Halton LHIN on hosting this very important and informative event."

– Oakville MPP Kevin Flynn

Regional Rehabilitative Care Strategy

The Regional Rehabilitative Care Strategy works to standardize and streamline rehabilitative care services across the Mississauga Halton LHIN. The Mississauga Halton LHIN is working with the Rehabilitative Care Alliance of Ontario to implement initiatives across our hospitals, long-term care homes and community providers to ensure eligibility, service standards and access to care can be standardized irrespective of where the patient accesses the system.

In 2015–2016, the Mississauga Halton LHIN developed a governance structure in order to support the Regional Rehabilitative Care Strategy and implement some of the initiatives developed by the Rehabilitative Care Alliance (RCA). Two sub-committees were created to help operationalize and streamline rehabilitative care within the bedded (inpatient rehab and complex continuing care beds at the hospital and long-term care beds) versus community environment.

The committees have engaged Mississauga Halton LHIN hospitals and community providers delivering rehabilitative care services to complete a gap analysis exercise to map their current rehabilitative care programs and services to the future state as defined by the RCA. This was the first step in identifying the gaps at a provider level to inform the next level of regional work related to Capacity planning and implementation of the rehabilitative care definitions framework. Province-wide implementation of the framework is to be completed by March 2017.

The LHIN will be working closely with its stakeholder groups to develop the identified strategies into actionable work plans over the next two years.

Connecting GTA

Connecting GTA (cGTA) is a regional solution that supports the delivery of provincial electronic health records by linking and integrating electronic patient information from across the care continuum and making it available at the point-of-care to improve the patient and clinician experience. There are currently over 41,000 enrolled users who will gain access to their patients' records through cGTA —that's more than double the original target for enrolment.

Within the Mississauga Halton LHIN, Trillium Health Partners and the Mississauga Halton CCAC are both live. System performance and availability have improved for most organizations as a result of the database migration to the Super Cluster and most recent software release update.

Trillium Health Partners has enrolled all eligible staff; however, adoption will take a staggered approach starting with their Diabetes Centre with full implementation by end of fiscal 2016–2017. The Mississauga Halton CCAC is reporting slightly improved performance resulting in end-user adoption being significantly higher.

As part of the expansion phase, Halton Healthcare has begun working with the cGTA team to contribute data and is expected to go live late in the 2016–2017 fiscal year. Included in this phase of expansion is cGTA view-only access for four community health service providers.

Life or Limb and Repatriation Policy

The Mississauga Halton LHIN continued to engage with CritiCall Ontario, Trillium Health Partners, Halton Healthcare, the Critical Care Medical Lead and Critical Care Services Ontario (CCSO) in order to align with provincial targets and evolve the program through measurement and evaluation. Mississauga Halton LHIN's performance is aligned with the provincial targets and is trending well.

CCSO rolled out Ontario's Critical Care Plan for 2015–2018. The plan is grounded in five strategic goals aligned with comprehensive action plans: strengthening patients' and families' experience; leading performance management in the critical care system; improving patient flow and transition; translating innovative and quality approaches to critical care delivery; and advancing inter-professional critical care.

The next steps for the Mississauga Halton LHIN include ongoing communications and regional implementation of Ontario's Critical Care Plan 2015–2018.

Emergency Preparedness and Management

The Mississauga Halton LHIN emergency management role is intended to support the local health system to prepare for, respond to and recover from emergency events with an overarching goal of ensuring continued access to health care services and maintaining local health system capacity during emergency events.

The Mississauga Halton LHIN enacted a newly defined role in emergency management. In preparation for the Toronto 2015 Pan Am/Parapan Am Games, the Mississauga Halton LHIN actively participated with the Ministry of Health and Long-Term Care, regional partners, hospitals and other LHINs in a three-day Celebratory Spirit Exercise in April 2015 that tested our emergency preparedness. Over 40 hospitals along with three Community Care Access Centres, Public Health Units, LHINs, paramedic services and other organizations participated in mock scenarios where a new Emergency Management Communication Tool (EMCT) was tested and subsequently implemented at both the regional and provincial levels.

Over a 12-month timeframe, we worked to understand our respective roles based on the direction from the ministry and the Toronto 2015 Pan Am/Parapan Am team.

To meet the emergency management role requirements during the Pan Am/Parapan Am Games, the Mississauga Halton LHIN and its health service providers jointly undertook preparedness for emergency responsiveness. Accomplishments included the intra-LHIN Business Continuity Plan; Trillium Health Partners hosting the training for Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) incidents; inventory and preparedness of all health service providers in the LHIN with an emergency plan (77 organizations); Emergency Response System Process and Provincial Readiness training; algorithm development for Ebola preparedness; EMCT training; and an inter-LHIN Emergency Preparedness Communications Structure.

Partners came together in September for an Emergency Management Debrief Session to inform the development and implementation of Mississauga Halton LHIN's Emergency Response Plan. The session provided an opportunity for sharing of information and helped to define local roles in emergency management. Feedback on any identified issues was shared with the Emergency Management Branch and has assisted in improvements. Between December 2015 and February 2016, the LHIN provided weekly communications related to the status of the Syrian refugees arriving in Canada, conveying real-time information. Additionally, in consultation with local hospitals, the LHIN submitted weekly reports to the Emergency Management Branch informing on the status of influenza in our LHIN during peak influenza season.

Community Health Hub Model

The Mississauga Halton LHIN continued to explore community-based hub models to inform the potential development of integrated community health hubs in our region. LHIN staff worked in collaboration with community partners (including region, city, town, United Way, police, education and others) to start identifying high-needs neighbourhoods using social risk indicators. The creation of these neighbourhood profiles helps to identify underserved neighbourhoods, which may have barriers to accessing health and social services. Profiles for neighbourhoods across the Mississauga Halton LHIN will be used to inform service delivery and the future development of integrated community hubs.

The Mississauga Halton LHIN developed a concept paper that articulated early thinking on the possibilities for an ideal hub model. The proposed model for Integrated Community Health Hubs supports our commitment to focus on health equity, with social determinants of health incorporated so that services address the needs of individuals from a holistic and wellness perspective.

As such, the ideal model for a Mississauga Halton LHIN Integrated Community Health Hub is an inter-generational centre that integrates health and wellness (recreational facilities), health needs (primary care, seniors' services, addiction and mental health, allied health services), and clinics and social services (employment, youth, settlement services) to meet the local needs of the community that it serves. A true "hub" or centre for the community to congregate, the inclusion of a continuum of services enables patients, their families and the community to access services in one convenient location, maximizing access to information and services. It also decreases stigma associated with going to a specific place for a type of service (i.e., mental health) and most importantly, fosters and builds a positive sense of community.

A report released in August 2015, *Community Hubs in Ontario: A Strategic Framework and Action Plan*, provides recommendations to guide the creation of community hubs and lays out eight overarching recommendations, which the province has accepted and will begin to implement.

The Mississauga Halton LHIN also conducted a community capacity infrastructure survey to establish a clear understanding of the landscape of community capital leases and space for health service providers within the LHIN. The learnings from this study, along with the neighbourhood mapping and guidance from the ministry on community hubs will help inform future planning in the upcoming years.

Access and Flow Strategy

In the context of system-level transformation, a key element of the Access and Flow strategy is empowering health service providers to collaborate and initiate system-level change to enable a timely and respectful transition of care for residents in this region. By implementing a responsive, flexible, system-wide approach, providers foster a culture of regional collaboration, transparent communication, system integration and accountability.

The primary focus in 2015–2016 was improving communication between providers for specific transitions of care from the acute sector to the community, including long-term care homes. Initiatives between the hospital, Community Care Access Centre and Supports for Daily Living focused on identifying and characterizing new patient groupings to enable the best use of existing LHIN programs and services to meet their needs at home.

Other initiatives focused on optimizing programs targeted to *appropriate* avoidance of a hospital visit to using regional resources in long-term care homes. The Community Care Access Centre completed pilot projects in two key areas: seamless transitions of care using a physician model to drive change at the hospital unit level; and flexible personal support services in the home, driven by resident need for multiple short visits throughout the day.

Health Link patient Nellie discusses her concerns with Dr. Breen of OakMed Family Health Team.

- → Improve access to family health care
- → Increase linkages between family health care and other health care providers to improve communication, coordination and integration across the continuum of care

Health Links

Health Links are a provincial initiative that aim to improve care coordination for individuals with complex conditions through greater collaboration between existing local health care providers including family care providers, specialists, hospital, long-term care, home care and other community supports. The Mississauga Halton LHIN has seven Health Links.

Early adopter East Mississauga Health Link became operational in 2013. In 2015–2016, the remaining six health links were established in each of our sub-LHIN geographies, and by the end of March, approximately 280 people with complex needs received individual coordinated care plans with the assistance of multi-disciplinary teams.

The seven Health Links, with the support of a regional Health Links Secretariat, continue to collaborate and identify opportunities for consistency across the region, including the development of a central intake process, common eligibility criteria and common metrics. A key element of Health Links is to ensure improvement to the care coordination process, and is based on learnings from patient experiences and participation of people with lived experience at the planning tables. Health Links continue to focus on engaging primary care providers in the development, implementation and improvement of care coordination in our LHIN.

In the fall of 2015, an analysis of the East Mississauga Health Link was undertaken to determine if the initiative was generating a positive return on investment (ROI). The costs associated with

ED visit, inpatient stay and day surgery encounters of a 142-patient treatment group were compared pre- and post-Health Link involvement. Initial results of the ROI demonstrated savings to the acute sector of approximately $978,146 or $4.66 for every dollar spent. Savings to the system including the CCAC were slightly lower at $662,007 indicating there was some transference of cost from the acute to the community sector.

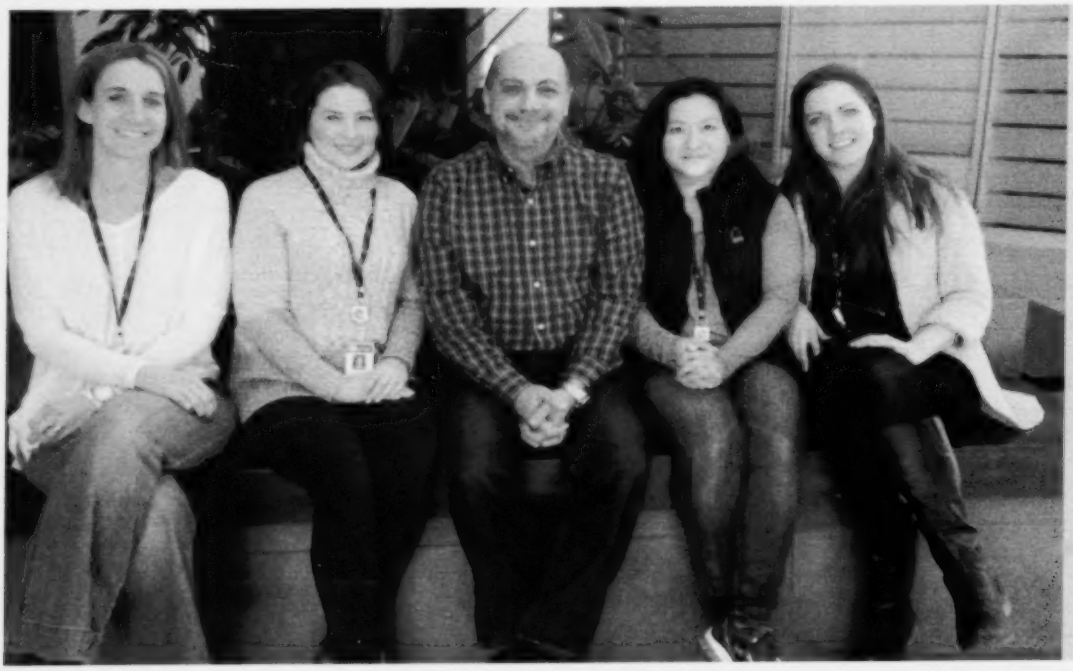
Primary Care Integration Strategy

The Primary Care Integration Strategy, designed to improve access to primary care and increase linkages between primary care and other health care providers, is working towards initiatives that will build awareness of health care system resources and capacity within the primary care sector.

The Mississauga Halton LHIN made significant strides on the Primary Care Integration Strategy this year. Substantial planning evolved into products and outcomes from which primary care providers will derive much benefit.

Over the course of the year, primary care advisors (PCAs) have delivered information to primary care providers on a variety of programs and initiatives such as Health Links, falls prevention and exercise programs, one-Link and advanced palliative care nursing. They have also supported primary care providers to register for new tools including eConsult and the eReferral for diabetes services to enable increased uptake of these resources.

PCAs deliver information and support system navigation by finding solutions to system barriers experienced by providers including a wide range of issues from how to access needed services to clinical questions. PCAs connect with health service providers in the community to gather the information required and build the vital connections between primary care providers and community services/resources available in the Mississauga Halton LHIN. These system navigation requests help inform the LHIN of existing gaps in the system and future opportunities for growth or capacity building. PCAs began visiting primary care offices on April 23, 2015. Within their first year of operation, they visited 100% of primary care offices and met with 76% of primary care physicians directly helping to build a trusted rapport with primary care providers, including family doctors, physician assistants, nurse practitioners and allied health professionals working in family health teams. PCAs are developing an understanding of the primary care practices within the region, which will support the LHIN in future planning around primary care.



A team of primary care advisors were hired in partnership with the Mississauga Halton CCAC to establish ongoing, productive relationships with primary care providers. PCAs engage with individual primary care providers in their office environments to foster a greater understanding of the services and resources available within the Mississauga Halton LHIN.

docSearch

Access to the most appropriate specialist for a patient's needs is a concern frequently voiced by Primary Care Providers. The Primary Care Network responded to this concern by proposing the development of a Web-based directory of specialists. This directory would go beyond the scope of typical lists by providing primary care providers with a listing of the specialists and any sub-specialty or niche practice area along with the necessary assessment and diagnostic information requested by each specialist and the appropriate referral forms.

doc|**SEARCH**
Your Doctor Directory

In partnership with the Mississauga Halton CCAC and the Mississauga Halton LHIN, the Primary Care Network developed docSEARCH, which provides a listing of specialists practicing within the Mississauga Halton LHIN. This resource will support primary care providers to make referrals to the appropriate specialist with the necessary assessment and diagnostic information to enable the specialist to begin the consultation immediately. The platform for the resource has been developed within the Mississauga Halton CCAC's Healthline website. The directory currently contains approximately 500 specialists practicing in the Mississauga Halton LHIN.

Primary Care Network

The Primary Care Network, launched in March 2015, is a collegial community of primary care providers who have come together to address local and regional issues, provide input into regional program planning and share resources to optimize primary care practice for physicians and patients.

Primary Care Network
MISSISSAUGA HALTON

Consisting of 12 primary care providers who represent providers across all sub-LHIN geographies, models of practice and levels of experience, the core members provide feedback to health service providers who are seeking input during the development of a program or initiative. This year, the primary care provider representatives began engaging with primary care physicians within their sub-LHIN geographies. Events were hosted in six of seven sub-LHIN areas to build collegiality amongst peers, share information on system resources, introduce the primary care advisor within their area and discuss issues that concern primary care providers. Through these events, the core members gather input from their colleagues that can be shared with the LHIN to support future opportunities.

During engagements with primary care, providers expressed the need to have a single access point for all relevant information to ease system navigation barriers. In response to this need, the Primary Care Network launched its website, www.primarycarenetwork-mh.ca to provide a centralized location for information relevant to primary care providers. This site also acts as a virtual "doctor's lounge" where physicians can connect and discuss issues online.

eConsult

eConsults enable primary care providers to ask a clinical question to a specialist to confirm the best plan of treatment for a patient. Through the Ministry of Health and Long-Term Care's Provincial eConsult Initiative, the Mississauga Halton LHIN partnered with Champlain LHIN as their regional partner to further evaluate their existing eConsult service model — Champlain BASE eConsult.

Champlain BASE eConsult

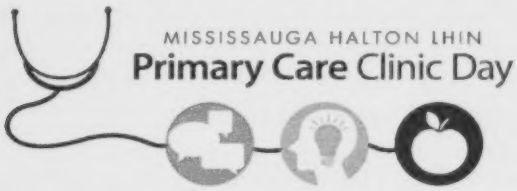
The Champlain BASE eConsult solution has demonstrated that 40 per cent of the time, an eConsult results in a referral to a specialist no longer being necessary. In 28 per cent of cases, a referral to a specialist is still required following the feedback from the eConsult. Mississauga Halton LHIN primary care providers have access to 84 specialties through this service, typically getting a response to their question within two days of submission.

As part of a pilot program, Mississauga Halton LHIN physicians joined the Champlain BASE eConsult platform to see if the tool could be translated across LHINs. The Mississauga Halton LHIN was asked to recruit 50 primary care providers and four specialties within this pilot. These targets were successfully reached and exceeded. With 155 primary care

providers and 14 specialists registered, providers continue to register for the program beyond the end of the pilot project. In the Mississauga Halton LHIN, over 465 eConsults have been completed to date.

Ontario MD conducted an evaluation of the various eConsult models including two focus groups in the Mississauga Halton LHIN in June 2015 to survey the perspective of both primary and specialty care providers. Specialists were impressed with both the appropriateness of the consults as well as the level of detail provided by the primary care provider. Primary care providers appreciated the timely and helpful responses and valued avoiding sending their patient to see a specialist unless it was necessary.

Primary Care Clinic Day



The Mississauga Halton LHIN hosted its third Primary Care Clinic Day on October 29, 2015. With 190 registrants, this event continues to grow. This day is an opportunity for primary care providers to learn about the latest clinical advances, tools and techniques, and to connect with health service providers in the community. Primary care providers learnt practical approaches to managing mental health issues within their tight appointment times, were updated on the new osteoporosis guidelines and were coached on how to maintain their own health during stressful periods.

Health service providers from our LHIN were available throughout the day to showcase their programs and services. A panel discussing the upcoming transformation of primary care enabled physicians to learn more, ask questions and offer insights.

Primary Care Database

Given the need for timely access to primary care, the Mississauga Halton LHIN, in partnership with the Mississauga Halton CCAC, has developed a database to provide an efficient and timely communication mechanism to keep primary care providers informed of opportunities, events, new programs and resources. Through the work of the primary care advisors, a greater understanding of the needs of primary care providers in our communities are being captured while also providing real-time updates. This is the database's true strength.

Oakville primary care advisor Maged Guirguis consults with OakMed Family Health Team primary care physician Dr. Backo-Shannon.

Electronic Medical Record (EMR) Implementation

An EMR is a digital version of the traditional paper-based medial record for a patient. The EMR typically represents a medical record within a single facility, such as a doctor's office or a clinic. OntarioMD manages the program put in place to help physicians and specialists fund the implementation of any specification eligible EMR system. The funding program concluded within the first quarter of 2015 –2016.

The Mississauga Halton LHIN EMR adoption rate has been recalibrated to approximately 79 per cent (due to a recalculation of the baseline number of physicians estimated within the LHIN boundary). Through its primary care advisor team, the Mississauga Halton LHIN is engaging with its entire physician community receiving valuable feedback on EMR adoption along with best practices and areas of opportunities.

Hospital Report Manager (HRM) Implementation

OntarioMD's HRM enables physicians using specification eligible EMRs to receive electronic hospital discharge reports directly into their patients' electronic medical record within 30 minutes of transcription.

Halton Healthcare has been live with HRM as of May 2014. Trillium Health Partners is scheduled to go live with HRM in the fall of 2016–2017. The first pilot will be with the Summerville Family Health Team commencing in May 2016.

Enhanced Community Capacity

Mr. Paulozza shares some memories with in-home respite caregiver Dorothy.

→ Provide integrated services that bring care closer to home
→ Enable people to stay in their homes longer

Seniors' Strategy

The Mississauga Halton LHIN seniors' strategy will aim to enhance seniors' health and quality of life by supporting seniors to stay healthy and at home longer through a person-focused integrated accessible and sustainable system of care. The Seniors' Strategy Steering Committee will work closely with existing committees and working groups associated with the delivery of seniors' care.

The Mississauga Halton LHIN is faced with the challenge of a rapidly growing and aging population increasing demands on our health care system. To better understand priorities for community-based senior care — including process changes, population targeting and service expansion — the Mississauga Halton and Central West LHINs jointly contracted with consultant Preyra Solutions Group to develop a Community Capacity Plan *Meeting Senior Care Needs Now and in the Future*, which was completed in May 2015. A Highlights and Key Findings summary document was also prepared and shared with our health service providers and made available on our website. The plan contains recommendations for a senior care model, which is to be developed using the unique assets and characteristics of the Mississauga Halton LHIN, including a focus on targeting and tailoring interventions for specific types of seniors: enhanced care coordination to facilitate placement and transitions between care settings; and outcomes evaluation and performance measurement. It also outlines five and ten-year implementation plans that can be delivered in a phased approach. The Community Capacity Plan complements our government's, our LHIN's and our health service providers' efforts to create more capacity and access to care in the community to help seniors live independently at home longer and delay reliance on long-term care beds by admitting those seniors with the highest needs.

The Community Capacity Plan is just the beginning. Building off the recommendations to improve access to home and community-based care, the LHIN has established a cross-sectoral steering committee to develop a seniors integrated care model. In partnership with health service providers, community providers, seniors and caregivers, the focus of the committee is to help support the high-needs senior population in the Mississauga Halton LHIN, and explore and implement innovative models to serve this growing population.

Pearl receives assistance from a PSW at Oakville Senior Citizens Residence through the Supports for Daily Living Program.

Jack receives support through in-home respite care enabling his daughter and primary caregiver Colleen to attend to other things while knowing he is well looked after.

Caregiver In-Home Respite Research Study

The objective of the research collaborative between the University of Waterloo and the Mississauga Halton LHIN was to evaluate Caregiver Respite In-Home Services in order to identify if the right individuals were targeted for service (high-needs caregivers caring for high-acuity individuals), if the service provided a positive impact that could be measured and if there was a return on investment from the service. As a result of this research, a new "Caregiver Self-Assessment" instrument was developed and tested.

As part of the ongoing development of the in-home respite service (Caregiver Re-Charge), an interRAI caregiver survey was piloted as part of a two-year research study. Caregivers completed 364 surveys on entry into the in-home respite service with 134 surveys repeated during the course of the pilot testing. The information obtained was used to revise the initial pilot document. Final revisions were made and the pilot caregiver survey was presented at the interRAI Instrument and Systems Development Committee. This interRAI committee focuses on the development of assessment instruments and their applications in over 30 countries around the world.

Advancement of Community Practice

The Advancement of Community Practice (ACP) initiative is a new, strategic way of working in the community to move programs and services forward to meet rapidly changing health system needs. ACP is comprised of six collaboratives that enhance the capacity of community service providers and ensure standardized operating procedures: Education and Development, Responsive Behaviours, Caregiver Respite Program, Exercise and Falls Prevention, Regional Continence and Medication Management.

In 2015–2016, the Advancement of Community Practice initiative continued to evolve and make progress in the six collaboratives. Collaboratives had the opportunity to bring forward key opportunities or challenges for the steering committee to debate, discuss and think divergently with the goal to provide tangible outcome statements. The collaboratives were tasked with building these outcome statements into their work plans and proceed to action in the areas identified for operational improvement.

The ACP hosted the inaugural KnowledgeXchange 360° event in September 2015. Thought leaders and industry experts shared their experience to spark innovative solutions for today's rapidly changing health care system. Approximately 100 people attended with guest speaker Rob Meikle, the Chief Information Officer for the City of Toronto. Of those surveyed, 82 per cent indicated that the KnowledgeXchange 360° event made them think differently about how they can approach issues in health care.

Exercise and Falls Prevention

The Exercise and Falls Prevention Collaborative was created to enhance the delivery, availability and execution of exercise and falls prevention initiatives for older adults as part of a regional strategy. Areas of focus include education, risk assessment and an exercise strategy.

The Exercise and Falls Prevention Collaborative has spent the past year developing a strategy that will be used to help reduce the rate of falls within the Mississauga Halton LHIN. The work plans that were identified in 2014-2015 and 2015-2016 were deferred in order for the development of a LHIN wide Exercise and Falls Prevention Strategy. Strategic areas of consideration will:

- Identify opportunities to optimize and integrate existing resources and capacity within the Mississauga Halton LHIN
- Identify, analyze and address barriers to achieve the vision
- Facilitate communication, collaboration and cooperation across agencies/sector partnerships
- Identify, analyze and recommend best practices for exercise and falls prevention
- Recommend educational opportunities related to exercise and falls prevention

A detailed work plan will be developed in April 2016.

Caregiver Respite Program

The Caregiver Respite Program was created providing caregivers a total of five respite services customized to meet the unique needs of caregivers whose loved ones have high needs. Accessed through a central registry, special advisors navigate caregivers to services including emergency/crisis respite care, short-stay respite and in-home respite care, helping caregivers in their journey.

In late 2015–2016, the Caregiver Respite Program provided expanded service, serving an additional 80 caregivers (annualized) and remains a priority initiative. Feedback from caregivers combined with research data specific to in-home respite continues to inform our respite program services as we continue to support caregivers and meet key strategic targets and priorities. The collaborative research completed in fall 2015 confirmed known data on caregivers and recommended a focused attention on education for caregivers and provider staff due to a high proportion of caring for those with cognitive impairment/ Alzheimer's and expanded service programming for addressing caregiver depression and isolation.

Subsequently, the following has been incorporated into the program to address caregiver needs:

- Flexible in-home respite hours — day, overnight, weekend, vacation, appointments and surgery.
- Training on behaviours, Alzheimer's and dementia for respite provider agency staff.
- Education to caregivers focused on skills such as turning, positioning and feeding
- In-home training organized through the full-service Regional Learning Centre
- Expanded the Adult Day Services bathing service available on evenings and weekends.
- Review of Adult Day Services for the development of regionalized standards, better intake practices, and the coordination and integration of transportation services.
- Opened two new community short-term and emergency respite beds. Long-term care short-term respite beds were decreased, and greater flexibility and fewer restrictions achieved by using community beds serving a dual purpose when needed — all age groups accepted.

"I became aware of the Caregiver ReCharge Program through the Alzheimer Society of Peel in 2014. They developed a great relationship and he would ask every day when she was coming back. It warmed my heart to see him so engaged with someone other than me! I really believe that this one-on-one time for him contributed to slowing his decline. Throughout this year, I found the staff, both at the ReCharge Program and Home Instead, to be supportive of us as a couple and me as the caregiver."

Education and Development

The Education and Development Collaborative is providing education to Mississauga Halton LHIN health service providers and informal caregivers/family to enhance, focus and strengthen the community capacity by teaching new skills and transferring new knowledge and best practice understanding. The vision for education in our LHIN is to achieve a standard of excellence in the delivery and receipt of care.

The Mississauga Halton LHIN Regional Learning Centre

The Mississauga Halton LHIN Regional Learning Centre has been created for the community as an innovative educational resource to help educate, train and support health service providers, inclusive of both staff and management, as well as caregivers in the Mississauga Halton LHIN. Educational sessions are delivered at both the Regional Learning Centre and off-site at health service providers' agencies-mobile.

The Mississauga Halton LHIN Regional Learning Centre's comprehensive activity plan for 2015–2016 included evidence-based educational modules for personal support workers and supervisors; sessions for informal caregivers on safe lifts and transfers; Supports for Daily Living palliative care modules; and certified leadership education.

Through the Education and Development Collaborative and the Advancement of Community Practice Steering Committee, the action plan for the learning centre is modified quarterly as community needs are identified.

Regional Continence Program

The purpose of the Regional Continence Program Collaborative is to enrich, optimize and maintain the health and wellness of Mississauga Halton LHIN residents through enhanced awareness, access, assessment and support by promoting bladder and bowel management.

The Regional Continence Program Collaborative includes representation from caregivers and a variety of health service providers who have knowledge of, expertise in, and/or a focus on the target population. A SWOT analysis was completed to inform the regional action plan.

A quality improvement action/work plan for the 2015–2016 year included:

- A data review that is informing baseline practice, education, clinics and population needs
- Identifying the client and their needs
- A review of a centralized intake/referral process
- A review of the clinic operational structures and geographically appropriate services
- The proposed education and skills training required to support patients, clients and caregivers (formal and informal) in the Mississauga Halton LHIN
- Implementation of system performance indicators for trending and analysis

Medication Management

The Medication Management Collaborative focuses on the promotion of safe medication management practice in the Mississauga Halton LHIN community.

The Medication Management collaborative has spent the past year developing a strategy that will be used to help identify risk points in the community sector. The collaborative aims to ensure that each health service provider has adopted a culture of safe medication management into their daily operations.

Responsive Behaviours

The Responsive Behaviours Collaborative focuses on ensuring that every individual impacted by a responsive behaviour has access to coordinated, quality care and services. The strategic areas include knowledge exchange and capacity building; system coordination; and service delivery.

In 2015–2016, the Responsive Behaviours Collaborative identified four strategic areas of focus:

1. Education
2. Communication
3. Access
4. Service delivery

The next steps involve the development of an inventory of services and supports.

The collaborative has also been working with the OACCAC in the development of a Behavioural Supports Ontario website for the Mississauga Halton LHIN region. The website is being designed to meet the needs of caregivers and clients. It will host information related to supporting a loved one and caregivers, and links, resources, programs, services and tools. The website is set to go live in early spring 2016.

Long-Term Care Redevelopment

On October 28, 2014, the Associate Minister of Health and Long-Term Care (Long-Term Care and Wellness) announced the Enhanced Long-Term Care Home Renewal Strategy, which will help bring all long-term care homes in the province up to the highest design standards. The role of the LHIN is to help coordinate and prioritize the redevelopment of the beds within their region, while the ministry oversees the approval process and monitoring of the redevelopment.

The Mississauga Halton LHIN currently has 10 homes and 1,344 beds that have been identified for redevelopment, which is 32 per cent of our long-term bed capacity. Mississauga Halton LHIN along with Central LHIN have the lowest number of long-term care beds per 1,000 people aged 75+, which is a major challenge given the growing rate of our population over the age of 65.

The homes for redevelopment are Bennett Health Care Centre (66 beds), Cooksville Care Centre (192 beds), Dom Lipa (30 beds), Eatonville Care Centre (247 beds), Erin Mills Lodge (86 beds), Streetsville Care Centre (118 beds), Camilla Care Centre (237 beds), Mississauga Long Term Care Home (55 beds), Tyndall Seniors Village (151 beds) and Trillium Health Partners (220 beds).

The ministry has already extended the maximum long-term care license term from 25 to 30 years for those homes eligible for redevelopment in the LHIN. The Mississauga Halton LHIN is represented on both the Design Standards Variance Working Group and the Enhanced Long-Term Care Home Renewal Strategy — Issues Working Group.

The ministry's Enhanced Long-Term Care Home Renewal Strategy department has been analyzing data collected through February 2015 operator surveys sent to homes eligible for long-term care redevelopment. This analysis will help identify operators ready to proceed with the redevelopment process and establish a schedule for the ten-year redevelopment timeline. To date, the data shows that many operators are attempting to drive efficiency by requesting bed movements that right-size the Resident Home Areas in the homes. Trillium Health Partners is the first of the 10 identified operators to be accepted into Phase 1 of the strategy with a vision of a complete system of care, which includes the current long-term care facility and the addition of a seniors' health hub. Phase 1 of their two-phase "Request for Expression of Interest for Partnership Proposals" has been completed. Five proposals were received and are being reviewed for shortlisting in order to enter into Phase 2. Phase 2 will consist of business case development and a refinement of partnership proposals.

The remaining nine homes identified at the beginning of this section, continue to work through their future plans and options under this initiative. The Mississauga Halton LHIN continues to engage with the homes collectively and individually to assess their ability to participate in this redevelopment initiative.

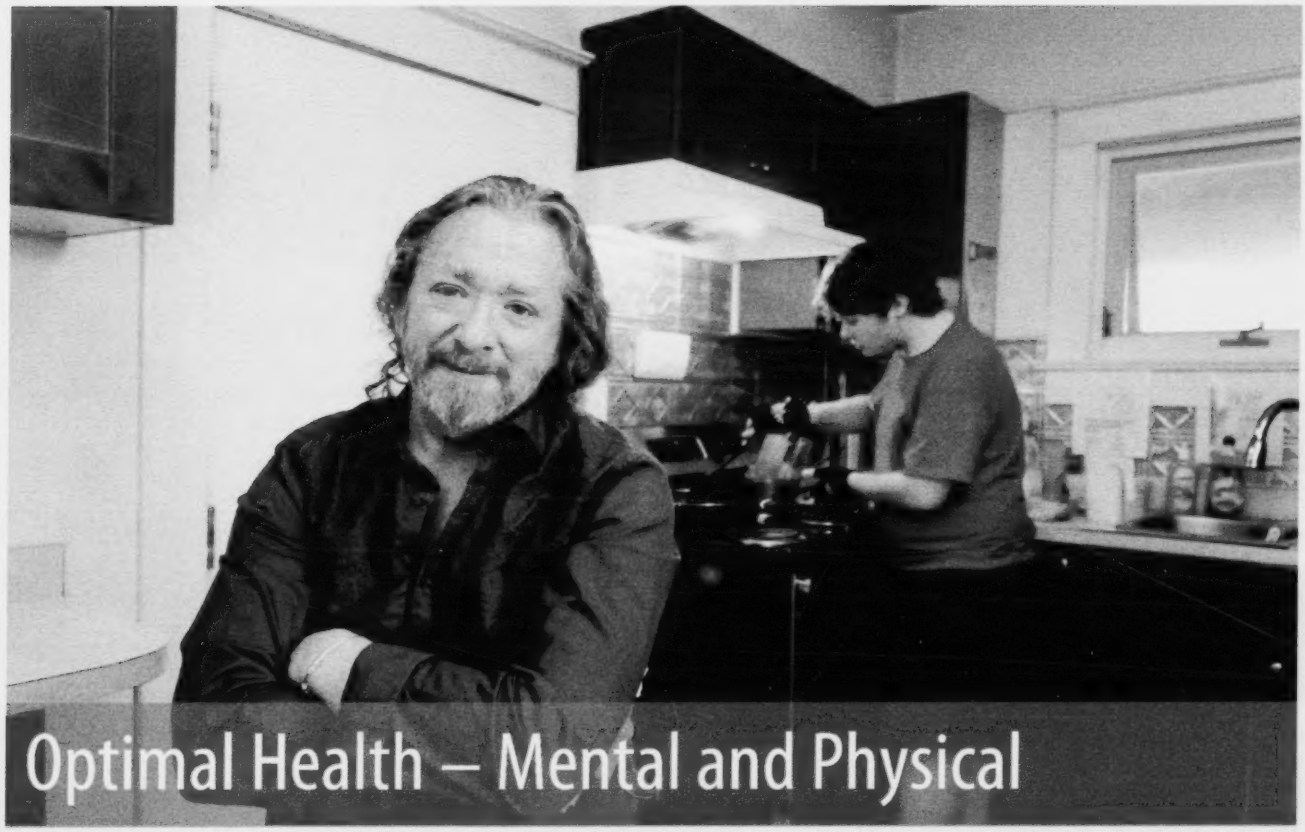
Nurse Practitioners in Long-Term Care

In the fall of 2015, the Ministry of Health and Long-Term Care announced it would be providing funding across the province for up to 75 new attending nurse practitioners in long-term care homes over three years as part of the Patients First: Action Plan for Health Care.

The new attending nurse practitioners will be the onsite primary care providers for patients, and will work as part of a team of health professionals to strengthen the care that residents receive in long-term care homes. As highly trained and experienced health professionals, nurse practitioners combine advanced nursing knowledge and a deep understanding of health management, health promotion, and disease and injury prevention. The attending nurse practitioners will address the complex care needs of residents by delivering and coordinating services including:

- Proactive assessments and screenings
- Follow-up care
- Timely specialist referrals
- Ongoing chronic disease management
- End-of-life care

Tyndall Seniors Village and Extendicare Mississauga have been identified to receive ministry funding to hire attending nurse practitioners. The Mississauga Halton LHIN is working with the homes to develop a successful implementation plan, and is anticipating the recruitment process to begin in the spring of 2016. Long-term care homes in the Mississauga Halton LHIN have coverage from nurse practitioners through the LHIN's NP Stat Program, which has functioned since 2010–2011.



Optimal Health – Mental and Physical

Michael's experienced eye supports up-and-coming chef Harry prepare dinner for fellow residents at Support & Housing - Halton.

→ Increase healthy habits and prevent disease
→ Build partnerships for healthy communities

Chronic Disease Prevention and Management

The Mississauga Halton LHIN Chronic Disease Prevention and Management (CDPM) Steering Committee is working to develop and implement an integrated, person-centred CDPM system that provides coordinated, quality care to those at risk for or living with chronic disease. The vision of the CDPM Steering Committee is that all Mississauga Halton LHIN residents with or at risk of chronic conditions are able to live with optimal health and wellness.

The newly reorganized Mississauga Halton LHIN Chronic Disease Prevention and Management Steering Committee has developed working groups, which include the following:

- CDPM virtual hub
- Diabetes, central intake, self-management and foot care
- CDPM priority populations: French and Indigenous populations
- CDPM Knowledge Translation event and CDPM peer support

The past year has focused on implementation, outcomes and patient experience. A strong emphasis has been placed on consumer engagement and having people with lived experience at both the steering committee and working group levels. The steering committee is working on identifying committee candidates and respective working groups as well as creating ad-hoc focus groups to provide specific feedback on working group deliverables.

Central Intake for Diabetes Education Programs

The number of referrals to Diabetes Education Programs processed by the Central Intake increased by 160 per cent in 2015–2016 with over 4,700 referrals managed. The Central Intake program developed, tested and deployed the e-Referral solution to primary care offices. This will enable primary care providers to submit referrals directly into the e-Referral tool, rather than faxing referrals, having Central Intake transcribe them into the electronic system and then route to the appropriate education program. This process will improve efficiencies, reduce transcription errors and improve the time to access care. To date, 52 primary care offices have registered and there are 13 actively using the system.

Diabetes Foot Care Program

One of the key regional priorities in diabetes has been the development and implementation of the Mississauga Halton Diabetes Foot Care Program. This program was established to support individuals in the Mississauga Halton LHIN region with diabetes who are at high risk for complications and otherwise do not have access to preventative foot care support. The program is accessed by referral from one of the Mississauga Halton LHIN Diabetes Education Programs, and is staffed by chiropodists and registered practical nurses with foot care expertise. In 2015–2016 the Mississauga Halton Diabetes Foot Care Program was awarded the 2015 Partnering for a Healthier Tomorrow Award for Accessible and Sustainable Health Care.

The program expanded the number of service sites available in the community to a total of 11 locations. Over 870 Mississauga Halton LHIN residents were supported by the program in 2015–2016 — double the number supported in 2014–2015. All of the referrals, screening and subsequent routing of information to foot care service providers is accomplished in the e-Referral electronic solution with over 65 diabetes educators in Mississauga Halton LHIN trained, registered and actively submitting referrals electronically.

Personal support worker Maria provides client-focused services that enrich the lives of seniors like Oscar at his home in Oakville Seniors Citizens Residences.

High-Quality Person-Centred Care

- Support and foster a quality culture across the continuum of care
- Value people's experiences to support system improvement
- Apply a health equity lens for the delivery of health care services

Health Equity

A key focus for Health Equity is on initiatives aimed at collecting socio-demographic data to apply an equity lens to better inform program development and organizational outreach to marginalized groups for improved client outcomes.

The Mississauga Halton LHIN is embedding socio-demographic data collection and use of the Health Equity Impact Assessment (HEIA) tool across the local system in order to identify, improve and evaluate health inequities. Survey results have also informed a Mississauga Halton LHIN standardized data collection tool and have aided in the development of nine focused implementation pilot sites. Over the past year, the Mississauga Halton LHIN focused on:

Engagement and needs assessment with each of the focused implementation sites
Through a readiness assessment, each organization identified a program where the data collection will take place. The data collection process was phased in by the end of March 2016.

Training
Three training workshops — Data Collection, HEIA Tool Training and Data Analysis — were offered to participating organizations.

Community of practice
As part of the focused implementation sites project, teleconferences were held every two weeks for all organizations involved. This regular engagement allowed for sharing of experiences, best practices and challenges related to the data collection process.

Symposium: Achieving the Vision of Health Equity
On March 21, 2016, the Mississauga Halton LHIN in partnership with Summit Housing and Outreach Program hosted a project symposium welcoming 150 participants. Using a shared learning framework, the journey of 10 focused implementation sites in the Mississauga Halton LHIN were highlighted.

Quality Improvement Plans for Community Health Service Providers

An organization's Quality Improvement Plan (QIP) identifies areas for improvement. It includes current performance measurement for a specific quality indicator and an agreed-upon indicator target for improvement including the plans for how they will work to achieve their goals. The Mississauga Halton LHIN works with our community health service providers to support them in their QIP development.

The Mississauga Halton LHIN Board, at the recommendation of the Board Quality Committee, approved the requirement for health service providers with Multi-Sector Service Accountability Agreements to have a Board-approved Quality Improvement Plan by April 1, 2017. LHIN staff are working with our health service providers to incorporate set guidelines in the plan.

Partnering for a Healthier Tomorrow Awards

Mississauga Halton LHIN's inaugural Partnering for a Healthier Tomorrow Awards held in September 2015 showcased the collaborative initiatives underway amongst health service providers across our LHIN.

Recipients, awarded in three categories and aligned with the LHIN's strategic priorities, included: Mississauga Halton Diabetes Foot Care Program, Mississauga Halton LHIN Regional Learning Centre and Medication Process Quality Improvement Plan. The evening was capped off with a surprise Pinnacle Award embodying high-quality innovative care that was presented to the Caregiver ReCharge Service: In-Home Respite in the Mississauga Halton LHIN. The evening provided health service providers, health system partners, MPPs and dignitaries a chance to better familiarize themselves with the exciting work underway in the Mississauga Halton LHIN.

"It is also an opportunity to share results across the health care system, which has become a proven methodology for improving care for patients leading to stronger outcomes and a better health care experience." ***– Bill Macleod, CEO Mississauga Halton LHIN***

The Partnering for a Healthier Tomorrow Awards emanated from a desire to recognize and showcase the transformative work being done in the Mississauga Halton LHIN, and to thank partners for their dedication and commitment to putting patients first.

"It was both humbling and thrilling to be part of the team that was the recipient of the Pinnacle Award. We are fortunate to be part of the Mississauga Halton LHIN, which takes time out of busy schedules to acknowledge and reward those delivering needed services in the community." ***– Beverley John, CEO, Nucleus Independent Living***

The 2015 awards aligned with the five key priorities of the Mississauga Halton LHIN's 2013–2016 Integrated Health Service Plan – Accessible and Sustainable Health Care; Family Health Care When You Need It; Enhanced Community Capacity; Optimal Health – Mental and Physical; and High Quality Person-Centred Care.

2015 Partnering for a Healthier Tomorrow Awards Recipient, Pinnacle Award: Caregiver ReCharge Service: In-Home Respite in the Mississauga Halton LHIN

Creating an Integrated Health Care System

Integration in the Mississauga Halton LHIN is the process of effectively aligning multiple systems of independent (and interdependent) organizations to achieve improved health system access, capacity and quality.

Integrations aim to deliver any of the following system improvements:

- Remove barriers to understanding and navigating the system
- Develop and implement system-wide best practices to improve health outcomes and take advantage of local innovations
- Deliver consistent health services through standardization of practices promoting good health outcomes and eliminating duplication and inefficiencies
- Develop centres of excellence to maximize available human resource expertise and specialized equipment and facilities
- Improve access to quality care and provide better value for money
- Enable the reinvestment of savings to address priority health needs

In the past year, the Mississauga Halton LHIN has begun, continued or completed 29 integrations. Many of the integration projects continue over a number of years as a result of the complexities of change management and coordination over multiple organizations across all sectors of the care continuum.

Emergency Preparedness Integration

One unique integration this year resulted from a two-year effort to prepare our local health system for the 2015 Pan Am and Para-Pan Games. This preparation precipitated the development and integration of emergency preparedness across the Mississauga Halton LHIN, our health service providers, agencies and regional emergency partners. Partners engaged included GTA LHINs and the Ministry of Health and Long-Term Care's Emergency Management Branch. Improvements include:

- The facilitation and integration of emergency management best practices and greater standardization of plans amongst regional partners and GTA LHINs.
- Implementation of the Emergency Management Communication Tool (EMCT), which has enabled real-time communication across multiple partners and full integration into individual organizations' emergency plans.

While monitoring the Ebola virus disease (EVD) situation oversees, our emergency preparedness work also enabled the Mississauga Halton LHIN and regional partners to ensure local processes and procedures were in place should EVD pose a risk to the people in Ontario.

See *Emergency Preparedness and Management* on page 23 to learn more.

Telemedicine Integration

Telemedicine integration improvements include identification of three focus areas for action: community support services, primary care and Health Links. These were refined to identify:

- Greater access to mental health and addiction clinicians and allied health in conjunction with clinical consults.
- Uptake of telemedicine services by primary care providers and the development of telemedicine hubs in the community.
- Use of telemedicine for care conferencing, direct care and telehomecare in Health Links.

See *Telemedicine* on page 21 to learn more.

Primary Care Integrations

Primary Care Advisors

A team of five primary care advisors enable better information sharing and system navigation by finding solutions to system barriers by establishing vital connections between primary care providers and community services/resources available in the Mississauga Halton LHIN.

See *Primary Care Integration Strategy* on page 27 to learn more.

docSEARCH

docSEARCH is a simple online tool that provides primary care physicians with the most up-to-date information to make a referral, helping connect patients to the right care while ensuring specialists are receiving the right patients that match their specialty and skillset.

See *docSEARCH* on page 28 to learn more.

eConsult

eConsults enable primary care providers to ask a clinical question to a specialist to confirm the best plan of treatment for a patient.

See *eConsult* on page 28 to learn more.

Palliative Integration

In preparation for the new Ontario Palliative Care Network (OPCN), which the Ministry of Health and Long-Term Care announced in March 2016, the LHIN worked to:

- Align with the direction of the OPCN.
- Integrate palliative care structures and services across the region.
- Form new partnerships to enable greater development and consolidation of palliative care.
- Form a Regional Palliative Care Executive Group.
- Complete a regional palliative resource inventory to enable understanding of resource investment and align with the new model.
- Reinvest administrative palliative funding by the LHIN into the new infrastructure.

See *Regional Hospice Palliative Care* on page18 to learn more.

Respite Integration

Respite integration involved the transformation of siloed and fragmented services into coordinated and improved care that "wraps around" the caregiver and delivers integrated support.

Some of the changes realized through respite integration include:

- Changes to admission criteria and increases to volume of service hours for in-home respite. Caregivers remain on service as needed.
- Savings to in-home respite service of approximately $860,000 health care dollars in one fiscal year avoiding long-term care admissions.

Our work, research and continued learnings are helping to inform design revisions underway as we work through the details of other service areas in the respite program.

See *Caregiver Respite Program* on page 33 to learn more.

Standardization of Type 2 Diabetes Group Education Classes – Coordination of Services

Four Diabetes Education Programs (three LHIN funded and one ministry funded) came together to coordinate services by standardizing format, length and content of type 2 diabetes group classes across the Mississauga Halton LHIN. Best aspects of each program were incorporated while sharing of best practices supported learning.

A standard workbook to use with the program and agreement on common resources is targeted for completion in 2016–2017.

Mississauga Halton LHIN Regional Learning Centre

Care standardization for personal support workers and supervisors that emphasize optimal quality care outcomes and consistency in practice was developed and implemented through the Regional Learning Centre. In 2015–2016:

- Enhanced personal support worker education involved 555 participants from 16 health service providers delivered through 64 education sessions.
- Supervisors' educational sessions involved 118 participants from 12 agencies delivered through 18 sessions.

See *The Mississauga Halton LHIN Regional Learning Centre* on page 34 to learn more.

Ministry LHIN Accountability Agreement (MLAA)

The MLAA establishes a mutual understanding between the Ministry and the LHIN, and outlines respective targets focusing on system performance and financial accountabilities within a pre-defined period of time. The following table outlines Mississauga Halton LHIN performance against targets for 2015–2016.

Indicators	Provincial target	Provincial			LHIN		
		2014/15 Fiscal Year Result	Most Recent Quarter	2015/16 Result (year-to-date)	2014/15 Fiscal Year Result	Most Recent Quarter	2015/16 Result (year-to-date)
Performance Indicators							
Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services*	95.00%	85.39%	86.55%	85.28%	92.07%	91.95%	91.00%
Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services*	95.00%	93.71%	93.21%	93.66%	95.22%	93.90%	94.52%
90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	21 days	29.00	29.00	30.00	27.00	28.00	28.00
90th percentile emergency department (ED) length of stay for complex patients	8 hours	10.13	10.48	9.97	9.15	10.30	9.62
90th percentile emergency department (ED) length of stay for minor/uncomplicated patients	4 hours	4.03	4.28	4.07	3.58	3.87	3.70
Percent of priority 2, 3 and 4 cases completed within access target for MRI scans	90.00%	41.75%	40.37%	38.41%	28.48%	21.94%	23.57%
Percent of priority 2, 3 and 4 cases completed within access target for CT scans	90.00%	77.77%	74.08%	74.60%	64.31%	58.16%	62.03%
Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	90.00%	81.51%	79.63%	79.97%	89.36%	65.22%	69.10%
Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	90.00%	79.76%	78.18%	79.14%	76.51%	49.11%	53.48%
Percentage of Alternate Level of Care (ALC) Days*	9.46%	14.35%	14.15%	14.16%	12.62%	14.03%	12.89%
ALC rate	12.70%	13.70%	14.12%	13.98%	9.60%	11.76%	11.35%
Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	16.30%	19.62%	20.33%	20.28%	17.23%	19.09%	17.58%
Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	22.40%	31.34%	33.39%	33.42%	25.50%	26.32%	25.27%
Readmission within 30 days for selected HIG conditions**	15.50%	16.60%	16.62%	16.51%	16.09%	15.46%	15.32%

Indicators	Provincial target	Provincial			LHIN		
		2014/15 Fiscal Year Result	Most Recent Quarter	2015/16 Result (year-to-date)	2014/15 Fiscal Year Result	Most Recent Quarter	2015/16 Result (year-to-date)
Monitoring Indicators							
Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery	90.00%	87.02%	86.56%	88.03%	89.90%	85.86%	86.50%
Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery	90.00%	96.01%	94.00%	95.00%	96.16%	97.00%	97.00%
Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery	90.00%	91.93%	87.37%	88.09%	95.74%	73.77%	77.31%
CCAC wait times from application to eligibility determination for long-term care home placements: from community setting**	NA	14.00	15.00	14.00	20.00	12.00	16.00
CCAC wait times from application to eligibility determination for long-term care home placements: from acute-care setting**	NA	8.00	7.00	8.00	17.00	8.00	11.00
Rate of emergency visits for conditions best managed elsewhere per 1,000 population*	NA	19.56	4.58	12.86	6.36	1.41	4.20
Hospitalization rate for ambulatory care sensitive conditions per 100,000 population*	NA	320.78	80.87	235.64	205.67	46.00	144.82
Percentage of acute care patients who had a follow-up with a physician within 7 days of discharge**	NA	46.09%	45.55%	46.58%	52.99%	51.55%	53.40%

*FY 2015/16 is based on the available data from the fiscal year (Q1-Q3, 2015/16) **FY 2015/16 is based on the available data from the fiscal year (Q1-Q2, 2015/16)

Target met with performance corridor +/- 10%

Health System Performance and Accountability

The Mississauga Halton LHIN reports quarterly to the Ministry of Health and Long-Term Care through the stocktake reporting process, which demonstrates Ontario's progress towards the goals of the ED/ALC Strategy at the provincial and LHIN levels. It also provides supplementary data to provide insight into current performance levels.

In 2015–2016, the LHIN and ministry executed a new three-year agreement, 2016–2018. Two fundamental changes occurred in the Ministry-LHIN Accountability Agreement: all LHINs are now measured against a provincial target, different from previous years where a LHIN-specific target was negotiated; and several indicator definitions changed, which has impacted the LHIN's overall performance and ranking. There are 21 indicators in the categories accountability and monitoring in the areas of access, efficiency and quality. As of the third quarter the Mississauga Halton LHIN ranked seventh of 14 LHINs in overall performance, with exceptional performance noted in Readmission Rates with top three ranking for the whole of the 2015–2016 fiscal year compared with the 2014–2015 fiscal year.

Performance Indicators

90th Percentile Emergency Department length of stay for complex patients - The year 2015–2016 saw both complex admitted and complex non-admitted patient populations amalgamated for this new metric. Although an improvement of 6.5 per cent occurred in

this metric compared with the same quarter a year ago, access to inpatient beds was challenging for most of the 2015–2016 fiscal year due to complexity of patients within the hospital and the ability to transition inpatients to the community. While the opening of the new Oakville Trafalgar Memorial Hospital in December 2015 expanded capacity for hospital-based services, this data is not reflected in the most recent statistics and improvement is expected to occur in coming months.

90th Percentile Wait Time for CCAC In-Home Services – Application from Community Setting to first CCAC Service (excluding case management)
This metric is directly attributed to the CCAC's waitlist for non-complex, single-service personal support services for community-based referrals. The LHIN has supported the CCAC's focus on the most complex patient population, and continues to explore other improvement strategies for community-based referrals needing only personal support services.

Percent of priority 2, 3 and 4 cases completed within access target (28 days) for MRI and CT scans
Due to Mississauga Halton LHIN's population growth and demand for MRI and CT, there are plans for future increases in both infrastructure and capacity to help support the projected demand through hospital corporation's infrastructure expansion projects. As of March 2016, the new MRI and CT at the hospital remain unfunded by the ministry and is used predominantly for inpatient services. Patients with the highest needs continue to be managed first while priority 4 patients wait the longest: MRI – 126 days, CT – 69 days.

Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions and Substance Abuse Conditions
While slightly above the provincial target of 16.37 per cent (MH) and 22.4 per cent (SA), performed well in the context of other LHINs: specifically, 13 per cent better for MH and 24 per cent better for SA. The LHIN continues to implement a regional centralized referral system, though a staged implementation plan. Further, an initiative that targets identifying and supporting residents affected with SA conditions in the region's emergency departments improving transition and continuity from crisis to community launched in Q2 – 2016–2017.

Percent of priority 2, 3, and 4 cases completed within access target (28 days) for Hip Replacement & Knee Replacement Surgery
With limited ability to meet demand, the goal of delivering hip and knee surgeries is to ensure the highest-priority patients receive their surgery first. Initiatives include a regional engagement strategy with orthopedic surgeons to standardize how patients are prioritized, and create a flexible booking system to enable the priority level to be addressed in a timely manner.

Percentage of Alternative Level of Care Days (Acute, closed cases)
The Mississauga Halton LHIN continues to manage exceptionally well with capacity constraints in the community and long-term care, where 50 per cent of all patient days are attributed to waiting for long-term care. However, patients are unable to access appropriate care in alternative destinations in a timely manner. The LHIN continues to work with partners to improve system-level processes to support transitions to other care settings more appropriate to meet the care needs of the patient.

Monitoring Indicators

Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery
Similar to hip and knee surgery, where there is a capped supply of volume in this LHIN, wait times continue to increase in cataract surgery, with patients waiting 261 days, an increase of 68 per cent in the wait time. With the ministry direction decreasing volume of this quality-based procedure in the first year of implementation, the LHIN will continue to monitor this performance.

CCAC wait times from application to eligibility determination for long-term care home (LTCH) placement: From community setting AND From Hospital
As this LHIN has the second-lowest bedded rate for long-term care homes, this process metric is partially driven by the homes' ability to meet the demand. Given the wait time for placement is over 300 days, care coordinators prioritize clients based on their need for immediate service delivery in the community.

Operational Performance

The Mississauga Halton LHIN allocated $1.46 billion to health service providers over this past year, to help move forward the Ministry of Health and Long-Term Care's key priorities and the five objectives identified in Mississauga Halton LHIN's IHSP.

While the LHINs do not directly provide health care services, we work in partnership with our health service providers in the provision of care to improve and sustain the system for our patients and communities. We provide leadership and accountability for our local health system as funders and performance managers of 73 Service Accountability Agreements for 58 unique health service providers.

The LHIN's significant discretionary investments focused on mental health and addiction under the one-Link strategy, expansion of Caregiver Respite programs, increased access to Supports for Daily Living and funding to enhance community capacity to enable people to stay in their homes longer, or to avoid unnecessary hospital admissions. The LHIN also invested in Health Links to support the implementation and delivery of services to high needs populations.

The LHIN managed approximately $1.46 billion in funding allocations this year, with only 0.41 per cent of the total budget spent on LHIN administration. The Mississauga Halton LHIN has an operating budget of $6.05 million consisting of $4.12 million for LHIN operations and $1.93 million for other project initiatives including enabling technologies for integration, regional coordination of diabetes services, French language services and other initiatives.

The LHIN is organized into core functions as follows: Health System Development and Community Engagement, Health System Performance, Finance and Risk Management, Decision Support and Information Management and Governance, Quality Improvement and Communications.

The staff consists of a lean, energetic and innovative team of approximately 40 employees who are actively engaged in moving forward Mississauga Halton LHIN's priorities. The LHIN plans for changes to the health care system in an effective manner to improve access to quality care by building capacity within the system and promoting sustainability within constraints of funding allocations, in collaboration with the LHIN's health service providers.

The Mississauga Halton LHIN, with the commitment, dedication and collaborative efforts of their health service providers, has been instrumental in the provision of high-quality, person-centred, local health care transformation within our region.

Mississauga Halton LHIN Health Service Providers

Health service providers play an integral role in ensuring seamless, timely and effective service provision in a manner that is consistent with Mississauga Halton LHIN goals. The Mississauga Halton LHIN plans, coordinates, integrates, funds and monitors local health service providers, including hospitals, community support services, long-term care homes, mental health and addictions services, a community health centre and community care access centre.

Community Care Access Centre

- Mississauga Halton Community Care Access Centre

Community Health Centres

- Lakeshore Area Multi-Services Project Inc. (LAMP)

Community Support Services

- Acclaim Health and Community Care Services
- Alzheimer Society of Peel
- The Arthritis Society
- BALANCE - Blind Adults Learning About Normal Community Environment
- The Canadian Hearing Society
- Canadian National Institute for the Blind - CNIB - Ontario Division (Halton/Peel)
- Canadian Red Cross - Peel Branch
- City of Mississauga - Next Step to Active Living Program
- The Corporation of the Town of Halton Hills
- Dixie Bloor Neighbourhood Drop-In Centre
- Dorothy Ley Hospice Inc.
- Forum Italia Community Services - MICBA
- Halton Healthcare Services Corporation - Supportive Housing
- Heart House Hospice Inc.
- India Rainbow Community Services of Peel
- Ivan Franko Home
- Joyce Scott Non-Profit Homes Inc.
- Links2Care
- Milton Meals on Wheels
- Nucleus Independent Living
- Oakville Kiwanis Meals on Wheels
- Oakville Senior Citizens Residence
- March of Dimes Canada - Peel
- Peel Cheshire Homes Inc.
- Peel Halton Dufferin Acquired Brain Injury Services (PHDABIS)
- Peel Senior Link
- Regional Municipality of Halton - Supportive Housing
- S.E.N.A.C.A. Seniors Day Program
- Seniors Life Enhancement Centres
- Trillium Health Partners - CSS
- Victorian Order of Nurses for Canada - Ontario Branch - Peel Site
- Wawel Villa Incorporated
- Yee Hong Centre for Geriatric Care
- Wesburn - City of Toronto

Hospitals

- Trillium Health Partners
- Halton Healthcare

Long-Term Care Homes

- Allendale
- Bennett Health Care Centre
- Cawthra Gardens Long Term Care Community
- Chartwell Waterford Long Term Care Residence
- Chartwell Wenleigh Long Term Care Residence
- Chartwell Westbury Long Term Care Residence
- Cooksville Care Centre
- Dom Lipa Nursing Home (Slovenian Linden Foundation)
- Eatonville Care Centre
- Erin Mills Lodge Nursing Home
- Extendicare - Halton Hills
- Extendicare - Mississauga
- Labdara Lithuanian Nursing Home
- McCall Centre Long Term Care - Trillium Health Partners
- Mississauga Long Term Care Facility
- Northridge Long Term Care Facility
- Post Inn Village - The Regional Municipality of Halton
- Sheridan Villa - Regional Municipality of Peel
- Sienna Senior Living - Camilla Care Community
- Sienna Senior Living - Streetsville Care Community
- Sienna Senior Living - Silverthorn Care Community
- Tyndall Seniors Village
- Villa Forum Long Term Care Residence
- Village of Erin Meadows
- Wesburn Manor - City of Toronto
- West Oak Village
- Wyndham Manor - Halton Healthcare
- Yee Hong Centre for Geriatric Care

Mental Health & Addiction

- Canadian Mental Health Association - Halton Branch
- Halton Alcohol, Drug & Gambling Assessment Prevention and Treatment (ADAPT)
- Halton Healthcare - Community Mental Health
- Hope Place Centres
- North Halton Mental Health Clinic - The Regional Municipality of Halton
- Supported Training and Rehabilitation in Diverse Environments (STRIDE)
- Summit Housing & Outreach Programs
- Support & Housing – Halton
- The Peel Addiction Assessment and Referral Centre (PAARC)
- Trillium Health Partners - Community Mental Health

Financial Statements of the

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

March 31, 2016

Mississauga Halton Local Health Integration Network

March 31, 2016

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Deloitte.

Deloitte LLP
5140 Yonge Street
Suite 1700
Toronto ON M2N 6L7
Canada

Tel: 416-601-6150
Fax: 416-601-6151
www.deloitte.ca

Independent Auditor's Report

To the Members of the Board of Directors of the
Mississauga Halton Local Health Integration Network

We have audited the accompanying financial statements of Mississauga Halton Local Health Integration Network, which comprise the statement of financial position as at March 31, 2016, and the statements of operations, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Mississauga Halton Local Health Integration Network as at March 31, 2016 and the results of its operations, change in its net debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants
Licensed Public Accountants
June 2, 2016

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of financial position
as at March 31, 2016

	2016	2015
	$	$
Financial assets		
Cash	**637,682**	524,558
Accounts receivable		
Ministry of Health and Long-Term Care ("MOHLTC") transfer payments to Health Service Providers ("HSPs") (Note 3)	**6,866,104**	6,291,900
Due from other LHINs	**10,448**	-
Other	**30,575**	64,990
	7,544,809	6,881,448
Liabilities		
Accounts payable and accrued liabilities	**525,540**	422,417
Accounts payable HSPs transfer payments (Note 3)	**6,866,104**	6,291,900
Due to MOHLTC (Note 4b)	**181,681**	166,825
Due to the LHIN Shared Services Office (Note 5)	**5,168**	6,126
Due to other LHIN	**-**	47,635
Deferred capital contributions (Notes 6)	**57,465**	95,996
	7,635,958	7,030,899
Net debt	**(91,149)**	(149,451)
Commitments (Note 7)		
Non-financial assets		
Prepaid expenses	**33,684**	53,455
Tangible capital assets (Note 8)	**57,465**	95,996
	91,149	149,451
Accumulated surplus	**-**	-

Approved by the Board

Graeme Goebelle, FCPA, FCA
Chair

Patrick Hop Hing, CPA, CA
Audit and Finance Committee Chair

The accompanying notes to the financial statements are an integral part of this financial statement.

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of operations
year ended March 31, 2016

	Budget (Note 9)	2016 Actual	2015 Actual
	$	$	$
Revenue			
MOHLTC Funding			
HSP transfer payments (Note 3)	**1,387,877,491**	**1,458,106,534**	1,406,724,984
LHIN Operation	**4,115,693**	**4,115,693**	4,080,678
Project Initiatives			
Regional Coordination Diabetes Service (RCDS)	**1,262,853**	**1,262,853**	1,288,626
French Language Health Services	**106,000**	**106,000**	106,000
Aboriginal Engagement	**5,000**	**5,000**	5,000
ER/ALC Performance Lead	**100,000**	**100,000**	100,000
Critical Care Lead	**75,000**	**75,000**	75,000
Emergency Department (ED) Lead	-	**75,000**	75,000
Primary Care Lead	-	**75,000**	75,000
LHIN Enabling Technologies for Integration Project Management Office (ETI PMO)	-	**239,935**	265,249
Amortization of deferred capital contributions (Note 6)	-	**38,531**	38,939
	1,393,542,037	**1,464,199,546**	1,412,834,476
Funding repayable to the MOHLTC (Note 4a)	-	**(14,856)**	(166,825)
	1,393,542,037	**1,464,184,690**	1,412,667,651
Expenses			
Transfer payments to HSPs (Note 3)	**1,387,877,491**	**1,458,106,534**	1,406,724,984
General and administrative expense LHIN operation (Note 10)	**4,115,693**	**4,153,911**	4,036,308
Project Initiatives (Note 11)			
Regional Coordination Diabetes Service (RCDS)	**1,262,853**	**1,262,853**	1,214,351
French Language Health Services	**106,000**	**100,651**	105,871
Aboriginal Engagement	**5,000**	**4,375**	4,359
ER/ALC Performance Lead	**100,000**	**99,701**	99,689
Critical Care Lead	**75,000**	**72,000**	72,000
Emergency Department (ED) Lead	-	**72,083**	72,135
Primary Care Lead	-	**72,647**	72,705
ETI PMO	-	**239,935**	265,249
	1,393,542,037	**1,464,184,690**	1,412,667,651
Annual surplus and accumulated surplus, end of year	-	-	-

The accompanying notes to the financial statements are an integral part of this financial statement.

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of change in net debt
year ended March 31, 2016

	Budget (Note 9)	2016 Actual	2015 Actual
	$	$	$
Annual surplus	-	-	-
Change in prepaid expenses	-	**19,771**	(18,455)
Acquisition of tangible capital assets	-	-	(35,015)
Amortization of tangible capital assets	-	**38,531**	38,939
Increase in net debt	-	**58,302**	(14,531)
Net debt, beginning of year	-	**(149,451)**	(134,920)
Net debt, end of year	-	**(91,149)**	(149,451)

The accompanying notes to the financial statements are an integral part of this financial statement.

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Statement of cash flows

year ended March 31, 2016

	2016	2015
	$	$
Operating transactions		
Annual surplus	-	-
Add item not affecting cash		
Amortization of tangible capital assets	**38,531**	38,939
Less item not affecting cash		
Amortization of deferred capital contributions	**(38,531)**	(38,939)
Changes in non-cash operating items		
Accounts receivable -Other	**34,415**	(21,756)
Due from other LHINs	**(10,448)**	-
Accounts receivable MOHLTC transfer payments to HSPs	**(574,204)**	(916,700)
Accounts payable and accrued liabilities	**103,123**	(117,927)
Accounts payable HSPs transfer payments	**574,204**	916,700
Due to MOHLTC	**14,856**	(44,575)
Due to LHIN Shared Services Office	**(958)**	242
Due to other LHIN	**(47,635)**	(8,659)
Prepaid expenses	**19,771**	(18,455)
	113,124	(211,130)
Capital transaction		
Acquisition of tangible capital assets	-	(35,015)
Financing transaction		
Capital contributions received (Note 6)	-	35,015
Net increase (decrease) in cash	**113,124**	(211,130)
Cash, beginning of year	**524,558**	735,688
Cash, end of year	**637,682**	524,558

The accompanying notes to the financial statements are an integral part of this financial statement.

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Notes to the financial statements

March 31, 2016

1. Description of business

The Mississauga Halton Local Health Integration Network was incorporated by Letters Patent on June 9, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the *Local Health System Integration Act*, 2006 (the "Act") as the Mississauga Halton Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers a south-west portion of the City of Toronto, the south part of Peel Region and all of Halton Region except for Burlington. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with the Ministry - LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to Health Service Providers ("HSPs"), effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSPs. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed HSPs in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2016.

The LHIN has also entered into an Accountability Agreement with the MOHLTC, which provides the framework for LHIN accountabilities and activities.

The LHIN statements do not include any MOHLTC managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets.

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Notes to the financial statements

March 31, 2016

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and the reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. As directed by the ministry, there are circumstances when funding received by the HSP is used to pay expenses for which the related services have not yet been performed. These amounts are recorded by the HSP as payable to the MOHLTC/LHIN at period end.

Deferred capital contributions

Any amounts received that are used to fund expenditures that are recorded as tangible capital assets in the operation of the LHIN, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under revenue in the statement of operations, is in accordance with the amortization policy applied to the related tangible capital asset recorded.

Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of the asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at its nominal value.

Maintenance and repair costs are recognized as expenses when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Computer equipment	3 years straight-line method
Web development	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Office equipment, furniture and fixtures	5 years straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimates and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Notes to the financial statements

March 31, 2016

3. Transfer payments to HSPs

In fiscal 2016, the LHIN had authorization to allocate funding of $1,458,106,534 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in fiscal 2016 as follows:

	2016	2015
	$	$
Operation of hospitals	**958,676,890**	926,426,138
Long term care homes	**199,446,779**	195,611,049
Community care access centres	**165,232,001**	158,431,497
Community support services	**47,045,682**	44,303,753
Assisted living services in supportive housing	**38,647,831**	36,310,784
Community mental health	**33,375,109**	30,976,433
Addictions program	**7,242,873**	6,375,189
Acquired brain injury	**5,988,872**	5,968,872
Community health centres	**2,450,497**	2,321,269
	1,458,106,534	1,406,724,984

The LHIN receives money from the MOHLTC which it in turn allocates to the HSPs. As at March 31, 2016, an amount of $6,866,104 (2015 - $6,291,900) was receivable from the MOHLTC and $6,866,104 (2015 - $6,291,900) was payable to the HSPs. These amounts have been reflected as revenue and expenses with the LHIN's operations and are included above.

4. Funding repayable to the MOHLTC

In accordance with the MLPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

			2016	2015
	Funding received	Eligible expenses	Excess funding	Excess funding
	$	$	$	$
Transfer payments to HSPs	**1,458,106,534**	**1,458,106,534**	**-**	-
LHIN operations	**4,154,224**	**4,153,911**	**313**	83,309
LHIN special funded initiatives				
Regional Coordination Diabetes Services (RCDS)	**1,262,853**	**1,262,853**	**-**	74,275
French Language Health Services	**106,000**	**100,651**	**5,349**	129
Aboriginal Engagement	**5,000**	**4,375**	**625**	641
ER/ALC Performance Lead	**100,000**	**99,701**	**299**	311
Critical Care Lead	**75,000**	**72,000**	**3,000**	3,000
ED Lead	**75,000**	**72,083**	**2,917**	2,865
Primary Care Lead	**75,000**	**72,647**	**2,353**	2,295
ETI PMO	**239,935**	**239,935**	**-**	-
	1,938,788	**1,924,245**	**14,543**	83,516
	1,464,199,546	**1,464,184,690**	**14,856**	166,825

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK
Notes to the financial statements
March 31, 2016

4. Funding repayable to the MOHLTC (continued)

b) The amount due to the MOHLTC at March 31 is made up as follows:

	2016	2015
	$	$
Due to MOHLTC, beginning of year	166,825	211,400
Amount recovered by the MOHLTC during the year	-	(211,400)
Funding repayable to the MOHLTC related to current year activities (Note 4a)	14,856	166,825
Due to MOHLTC, end of year	181,681	166,825

5. Shared services agreement

LHIN Shared Services Offices and LHIN Collaborative

The LHIN Shared Services Office (the "LSSO") is a division of the Toronto Central LHIN and is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs, is responsible for providing services to all LHINs. The full costs of providing these services are billed to all of the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year-end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the Shared Service Agreement the LSSO has with all the LHINs.

The Local Health Integration Network Collaborative ("LHINC") became a division of the Toronto Central LHIN in fiscal 2010. LHINC was formed to foster engagement of the LHINS' HSP community and encourage collaborative integration of the health care system to all LHINs. LHINC is subject to the same policies, guidelines and directives as the LSSO and Toronto Central LHIN.

Enabling Technologies for Integration Project Management Office

Effective February 1, 2012, the Central, Central West, Central East, Toronto Central, Mississauga Halton and North Simcoe Muskoka (the "Cluster") LHINS entered into an agreement in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographical area of the Cluster. Under this agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The LHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies for Integration Project Offices for its Cluster and related expenses. During the year, the LHIN received one-time funding from Central West LHIN of $239,935 (2015 - $265,249).

6. Deferred capital contributions

	2016	2015
	$	$
Balance, beginning of year	95,996	99,920
Capital contributions received during the year	-	35,015
Amortization for the year	(38,531)	(38,939)
Balance, end of year	57,465	95,996

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Notes to the financial statements

March 31, 2016

7. Commitments

The LHIN has commitments under various operating leases related to building and equipment. The LHIN's existing building lease was renegotiated and extended to December 31, 2020. Other lease renewals are likely. Minimum lease payments due in each of the next five years are as follows:

	$
2017	288,047
2018	343,971
2019	333,460
2020	330,432
2021	247,824
	1,543,734

The LHIN also has funding commitments to all HSPs associated with accountability agreements which allocate planning targets for future fiscal years. The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

8. Tangible capital assets

			2016	2015
	Cost	Accumulated amortization	Net book value	Net book value
	$	$	$	$
Office equipment, furniture and fixtures	324,659	270,066	54,593	90,018
Leasehold improvements	887,343	884,471	2,872	4,308
Computer equipment	41,683	41,683	-	1,670
	1,253,685	1,196,220	57,465	95,996

9. Budget figures

Health Service Providers

The initial funding budget figures reported in the statement of operations reflect the opening base as at April 1, 2015. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year.

The final HSP funding budget of $1,458,106,534 as at March 31, 2016 is made up of the following:

	$
Initial HSP funding budget as at April 1, 2015	1,387,877,491
Adjustments due to announcements made during the year	70,229,043
Final HSP funding budget	1,458,106,534

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Notes to the financial statements

March 31, 2016

9. Budget figures (continued)

LHIN operations

The final operating budget from MOHLTC of $6,054,481 as at March 31, 2016 is made up of the following:

	$
Initial budget as at April 1, 2015	
LHIN Operation	**4,115,693**
RCDS	**1,262,853**
French Language Services	**106,000**
Aboriginal Engagement	**5,000**
ER/ALC Performance Lead	**100,000**
Critical Care Lead	**75,000**
Additional funding received during the year for:	
ED Lead	**75,000**
Primary Care Lead	**75,000**
ETI PMO	**239,935**
Final budget	**6,054,481**

10. General and administration expenses

The statement of operations presents the expenses by function. The following classifies general and administrative expenses by object:

	2016	2015
	$	$
Salaries and benefits	**3,023,776**	2,879,456
Shared services	**372,259**	388,954
LHIN Collaborative	**47,500**	47,500
Staff travel	**21,429**	24,282
Communication	**33,384**	28,674
Accommodation	**223,024**	215,096
Advertising	**5,792**	5,674
Professional fees and medical professional services	**16,800**	16,800
Consulting fees	**41,822**	62,774
Equipment rentals	**10,547**	9,519
Insurance	**7,900**	7,466
Other meeting expenses	**24,816**	24,054
Board Chair's per diem expenses	**49,875**	38,500
Other Board members' per diem expenses	**57,175**	50,050
Other governance costs and travel	**23,989**	34,592
Printing and translation	**35,528**	45,589
Staff development	**18,983**	18,925
IT equipment	**51,458**	24,388
Office supplies and purchased equipment	**28,694**	51,907
Amortization	**38,531**	38,939
Other services	**20,629**	23,169
	4,153,911	4,036,308

MISSISSAUGA HALTON LOCAL HEALTH INTEGRATION NETWORK

Notes to the financial statements

March 31, 2016

11. Project Initiatives

The LHIN received funds for various project initiatives listed in the Statement of operations. The following classifies LHIN project initiatives, by object:

	2016	2015
	$	$
Salaries and benefits	1,393,419	1,352,062
Shared services	9,405	12,232
Staff travel	3,512	3,416
Communication	1,250	927
Accommodation	73,797	103,981
Professional fees/Medical Professional Services	380,969	360,930
Consulting fees	-	3,600
Equipment rentals	1,602	-
Printing and translation	15,964	-
Other meeting expenses	4,407	8,307
Staff development	4,096	16,174
IT equipment	33,627	39,156
Office supplies and purchased equipment	1,951	4,890
Other services	246	684
	1,924,245	1,906,359

Diabetes strategy operational expenses included in the above project initiatives are as follows:

	Actual 2016	Actual 2015
	$	$
Salaries and benefits	1,038,814	977,418
Others	224,039	236,933
	1,262,853	1,214,351

12. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 35 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2016 was $380,196 (2015 - $337,283) for current service costs and is included as an expense in the statement of operations. The last actuarial valuation was completed for the plan as at December 31, 2015. At that time, the plan was fully funded.

13. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act*, 2006 and in accordance with s. 28 of the *Financial Administration Act*.

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Mississauga Halton Local Health Integration Network
700 Dorval Drive, Suite 500
Oakville, ON L6K 3V3
Tel: 905 337-7131 • Fax: 905 337-8330
Toll Free: 1 866 371-5446
Email : mississaugahalton@lhins.on.ca
www.mississaugahaltonlhin.on.ca

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